


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90010 008 ***150.00

DOCUMENT # P03000076833 1. Entity Name PROGRESSIVE AUDIO, INC.					
Principal Place of Business 4156 BAYRIDGE CT. SPRING HILL, FL 34606			Mailing Address 4156 BAYRIDGE CT. SPRING HILL, FL 34606		
2. Principal Place of Business <i>4156 Bayridge Ct</i> Suite, Apt. #, etc.		3. Mailing Address <i>4156 Bayridge Ct</i> Suite, Apt. #, etc.			
City & State <i>Spring Hill, FL</i> Zip <i>34606</i>		City & State <i>Spring Hill, FL</i> Zip <i>34606</i>		4. FEI Number <i>37-1471848</i>	
Country <i>USA</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRIDGES, KAY 4156 BAYRIDGE CT. SPRING HILL, FL 34606				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRIDGES, KAY 4156 BAYRIDGE CT. SPRING HILL, FL 34606		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>K Bridges</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/5/04 1-866-899-7404 Date Daytime Phone #		

54016293



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