## 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## FILED DOCUMENT # P03000090970 05 JUL 25 AM 11: 20 PROGRESSIVE INSPECTIONS, INC. SCURLIARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 10320 VON FRANKENSTEIN COURT 10320 VON FRANKENSTEIN COURT HOWEY-IN-THE-HILLS, FL 34737 HOWEY-IN-THE-HILLS, FL 34737 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07182005 Cha-P CR2F034 (10/03) Applied For City & State 4. FEI Number City & State 20-0378723 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VON FRANKENSTEIN, RONALD E FRANK Street Address (P.O. Box Number is Not Acceptable) 10320 VON FRANKENSTEIN CT HOWEY-IN-THE-HILLS, FL 34737 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Amended AR Is \$61.25 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Р TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME FRANKENSTEIN RONALD F NAME STREET ADDRESS 10320 VON FRANKENSTEIN CT. STREET ADDRESS CITY-ST-ZIP HOWEY-IN-THE-HILLS, FL 34737 CITY-ST-ZIP TITI F Change TITLE ☐ Delete ★ Addition NAME NAME CONNELL, JOHN M STREET ADDRESS STREET ADDRESS 201 W MIRROR LAKE DR CITY-ST-ZIP CJTY+ST-ZIP FRUITLAND PARK, FL 34731 Change TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - SI - ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME 100058198251 STREET ADDRESS STREET ADDRESS 08/03/05--01049--024 \*\*61.25 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.