

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90051 032 ***150.00

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1. Entity Name
PROGRESSIVE INSPECTIONS, INC.



Principal Place of Business

10320 VON FRANKENSTEIN COURT
HOWEY-IN-THE-HILLS, FL 34737 US

Mailing Address

10320 VON FRANKENSTEIN COURT
HOWEY-IN-THE-HILLS, FL 34737 US

40036643



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0378723

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VON FRANKENSTEIN, RONALD E FRANK
10320 VON FRANKENSTEIN CT
HOWEY-IN-THE-HILLS, FL 34737

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME FRANKENSTEIN, RONALD E
STREET ADDRESS 10320 VON FRANKENSTEIN CT.
CITY-ST-ZIP HOWEY-IN-THE-HILLS, FL 34737

TITLE D
NAME CONNELL, JOHN M
STREET ADDRESS 201 W MIRROR LAKE DR
CITY-ST-ZIP FRUITLAND PARK, FL 34731

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 addressee, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/07

Date

352 636-8024

Daytime Phone #