2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 06, 2005 08:00 AM Secretary of State

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DOCUME 1. Entity Name PROCONTRO	NT <u>#</u> P03000113 ol, INC.	677		Secretary of St	ate
Principal Place of B 5696 EASTWIND D SARASOTA, FL 34	OR .	Mailing Address 5696 EASTWIND DR SARASOTA, FL 34233		1 MATERIAL 17 MATERIAL 111 MATERIAL MATERIAL (MATERIAL MATERIAL MA	5 1
	NOT WRITE	A CONTROL OF THE CONT	PACE	03172005 No Chg-P CR2E034 (10/03) 4. FEI Number	or
VOIGT, STEPH 2042 BEE RIDG SARASOTA, FI	HEN F ESQ GE RD L 34239			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 priviled name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 Fee will be \$550.00 Trust Fund Contribution. Added to Fees					
10.	OFFICERS AND D	IRECTORS	<u> </u>		
STREET ADDRESS 5696	CE, ROBERT C 6 EASTWIND DR				
CITY-ST-ZIP SAF TITLE NAME STREET ADDRESS CITY-ST-ZIP	RASOTA, FL 34233			U00000288825 04/06/05-80001-008 150.00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		g to me		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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 exceed 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.					
SIGNATUR	E: OR PR	TED NAME OF SIGNING OFFICER OR	ONT C. SRICE	PRISIDENT 04/04/15 941-924-83.	2