2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 29, 2008 08:00 AN Secretary of State DOCUMENT # P04000023064 PROGRESSIVE HOME IMPROVEMENT INC. Principal Place of Business Mailing Address 7 LAUREL CT OCALA FL 34480 7 LAUREL CT OCALA FL 34480 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apl. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FE! Number Applied For 01-0807491 Not Applicable Zin Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WOOD, MARIA Street Address (P.O. Box Number is Not Acceptable) 7 LAUREL CT OCALA FL 34480 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. (NOTE: Registered Agont a gnature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change TITLE ☐ Delete TITLE Addition WOOD, DONALD G NAME NAME *Ს*ᲘᲘᲘᲘᲡᲧᲕ1143 U5/22/U8-8UUU3-005 150.00 STREET ADDRESS 7 LAUREL CT STREET ADDRESS CITY-ST-ZIP OCALA FL 34480 CITY-ST-ZIP n TITLE ☐ Derete ☐ Change Addition TITI F WOOD, MARIA NAME MAME STREET ADDRESS 7 LAUREL CT STREET ADDRESS CITY-ST-ZIP **OCALA FL 34480** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition HAME WOOD, SHAWN GENE MARKE STREET ADDRESS STREET ADDRESS 7 LAUREL CT CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34480 Change THE Delete TITLE Addition Addition NAME NAM STREET ADDRESS STREE! ADDRESS CITY-ST-ZIP DITY-ST-ZIP ☐ Change DRE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Deiote Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this roport 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:

FILED

4-23-08 352 245 9087