
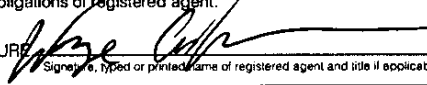
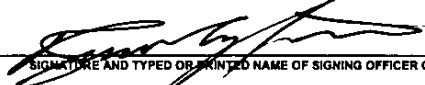


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-19-2007 90074 015 ***150.00

DOCUMENT # P04000028996 1. Entity Name PRO LINE PROFESSIONAL SERVICE INC					
Principal Place of Business 2421 ENTERPRISE ROAD ORANGE CITY, FL 32763-7964			Mailing Address 2421 ENTERPRISE ROAD ORANGE CITY, FL 32763-7964		
2. Principal Place of Business - No P.O. Box # 1618 OLD DAYTONA ST.		3. Mailing Address 1618 OLD DAYTONA ST			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State DELAND		City & State DELAND		4. FEI Number 20-0720656	
Zip 32724		Country Volusia		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32724		Country Volusia		Applied For Not Applicable	
6. Name and Address of Current Registered Agent GODWIN, WAYNE 2421 ENTERPRISE RD ORANGE CITY, FL 32763				7. Name and Address of New Registered Agent Name WAYNE Godwin Street Address (P.O. Box Number is Not Acceptable) 1616 OLD DAYTONA ST City DELAND FL Zip Code 32724	
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  DATE 3-14-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 GODWIN, WAYNE 2421 ENTERPRISE RD ORANGE CITY, FL 32763	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GODWIN, WAYNE 2421 EBENTERPRISE RD ORANGE CITY, FL 32763	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEIGHTON, RUSSELL W 848 NAVAL ORANGE DR ORANGE CITY, FL 32763	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 address, with all other like empowered.					
SIGNATURE: 			Date 3-14-07 Daytime Phone # 386-738-2655		