
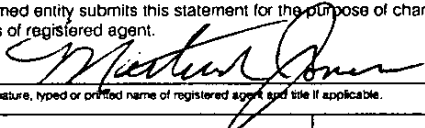
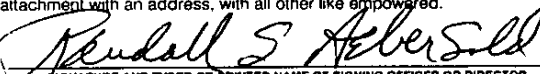


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90081 017 ***150.00

DOCUMENT # P04000064710 1. Entity Name PROPER TEES, INC.					
Principal Place of Business 6438 2ND AVE. NORTH ST. PETERSBURG, FL 33710			Mailing Address 6438 2ND AVE. NORTH ST. PETERSBURG, FL 33710		
2. Principal Place of Business - No P.O. Box # 12645 49 ST N		3. Mailing Address 164 Agua Dr			
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc. 			
City & State Clearwater, FL		City & State Forest City, NC		4. FEI Number 20-3304771	
Zip 33762		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 28043		Country USA			
6. Name and Address of Current Registered Agent AEBERSOLD, RANDALL S 6438 2ND AVE. NORTH ST. PETERSBURG, FL 33710			7. Name and Address of New Registered Agent Name MARTIN J. JONES Street Address (P.O. Box Number is Not Acceptable) 12645 49 ST N Suite 300 City Clearwater FL Zip Code 33762		
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: 4/12/07 <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	PD AEBERSOLD, RANDALL S 6438 2ND AVE. NORTH ST. PETERSBURG, FL 33710	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD AEBERSOLD, MARYBETH 6438 2ND AVE. NORTH ST. PETERSBURG, FL 33710	<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			
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: 4/12/07 Daytime Phone #: 828-202-4396		