

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000080016

1. Entity Name
PRONTO UNLIMITED, INC.



Principal Place of Business

**303 SE 17TH ST
UNIT 104
OCALA, FL 34471**

Mailing Address

**303 SE 17TH ST
UNIT 104
OCALA, FL 34471**

FILED

2007 MAY 11 PM 1:16

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



04262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
80-0120865

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TURNER, CRAIG W
1531 SE 36TH AVE SUITE E
OCALA, FL 34471**

**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 NAME STREET ADDRESS CITY-ST-ZIP	P SULLIVAN, GEORGE 303 SE 17TH ST UNIT 104 OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TROCHE, ABIMEAL SAM 303 SE 17TH ST UNIT 104 OCALA, FL 34471
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**600103582936
05/31/07--01006--001 **300.00**

**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 address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/28/07

Daytime Phone #

352 425 7274

SAM Troche

6/21/07