## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000090735

Address:

City-St-Zip:

2431 JASPER AVE

FORT MYERS, FL 33907

Entity Name: PROGRESSIVE CONSTRUCTION SOLUTIONS, INC.

FILED Jan 11, 2006 Secretary of State

	mer moon		20110140, 1140.		
Current Principal Place of Business:			New Principal	New Principal Place of Business:	
1520 ROYAL PALM SQUARE BLVD STE 320 FT MYERS, FL 33919				1380 ROYAL PALM SQUARE BLVD FT MYERS, FL 33919	
Current Mailing Address:			New Mailing A	New Mailing Address:	
1520 ROYAL PALM SQUARE BLVD STE 320 FT MYERS, FL 33919				1380 ROYAL PALM SQUARE BLVD FT MYERS, FL 33919	
FEI Number	: 20-1278043	FEI Number Applied For ( )	FEI Number Not Applicable	e ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Add	Name and Address of New Registered Agent:	
	AL PALM SQU	JARE BLVD STE 320 US	1380 ROYAL PA	KYLE, KEVIN A 1380 ROYAL PALM SQUARE BLVD FT MYERS, FL 33919 US	
	e named entity e of Florida.	submits this statement for the	ourpose of changing its re	gistered office or registered agent, or both,	
SIGNATURE:				01/11/2006	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financir	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	HAUER, JEFF 4004 WESTVI	EW DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MOFFETT, NA 4004 WESTVI	EW DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VP ( KIPP, RICHAR	) Delete D F	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: NANCY J. MOFFETT VP 01/11/2006