# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Aug 11, 2007**
**Secretary of State**

DOCUMENT# P04000124532

**Entity Name:** PRO TECK OF FLORIDA, INC.

**Current Principal Place of Business:**

15924 COUNTRY FARM PLACE
TAMPA, FL 33624

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 342034
TAMPA, FL 33618

**New Mailing Address:**

**FEI Number: 38-3707557** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALBURY, MARK
15924 COUNTRY FARM PLACE
TAMPA, FL 33624 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: ALBURY, CHERYL
Address: 15924 COUNTRY FARM PLACE
City-St-Zip: TAMPA, FL 33624

Title: VST ( ) Delete
Name: ALBURY, MARK
Address: 15924 COUNTRY FARM PLACE
City-St-Zip: TAMPA, FL 33624

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: ALBURY, MARK
Address: 15924 COUNTRY FARM PLACE
City-St-Zip: TAMPA, FL 33624

Title: VST (X) Change ( ) Addition
Name: ALBURY, JAMES
Address: 15924 COUNTRY FARM PLACE
City-St-Zip: TAMPA, FL 33624

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: MARK ALBURY P 08/11/2007

Electronic Signature of Signing Officer or Director — Date