


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90062 025 ***150.00

DOCUMENT # P05000011690	
1. Entity Name PRO ACTIVE FIXTURES INCORPORATED	

Principal Place of Business 1513 DOLGNER PLACE SANFORD, FL 32771	Mailing Address 1513 DOLGNER PLACE SANFORD, FL 32771
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2. Principal Place of Business - No P.O. Box # 2219 COTTAGE STREET	3. Mailing Address 968 SUMMIT DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ASHLAND, OH 44805	City & State ASHLAND, OH 44805
Zip 44805	Country



03102008 Chg-P CR2E034 (12/06)

4. FEI Number 20-2136608	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
KLINE, JAMES C 297 MARSH LANDING CIR DEBARY, FL 32713	

7. Name and Address of New Registered Agent	
Name JAMES C. KLINE	
Street Address (P.O. Box Number is Not Acceptable) c/o DERIC ALLMAN 610 HICKMAN CIRCLE, STE D	
City SANFORD,	Zip Code 32771

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KLINE, JAMES C 297 MARSHLANDING CIR DEBARY, FL 32713 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAMES C, KLINE 968 SUMMIT DRIVE ASHLAND, OH 44805 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **4-3-08** **600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #