2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000063406 1. Entity Name THE PROGRESSIVE MARKETING GROUP, INC.



FILED Mar 14, 2008 08:00 AN Secretary of State

Principal Place of Business

OCOEE, FL 34761

Mailing Address

1004 FEATHERSTONE CIRCLE OCOEE, FL 34761

1004 FEATHERSTONE CIRCLE OCOEE, FL 34761



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

5. Certificate of Status Desired

Fee Required

BARTEMUS, ROBERT L DO 1004 FEATHERSTONE CIRCLE

DO NOT WRITE

					ΠΊΟ SPACE	*. _{(,} * `\s
	e named entity submits this statement for the pations of registered agent.	ourpose of changing its register	ed office or registere	ed agent, or both	, in the State of Florida. I am fam	niliar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	If applicable. (NOTE: Registere	d Agent signature required	when rainstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.		00 May Be ed to Fees		
10.	OFFICERS AND DIREC	CTORS			*****	* *** . =
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D BARTEMUS, ROBERT D.O. ' 1004 FEATHERSTONE CIRCLE OCOEE, FL 34761		، مد . \$			\$ 0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D BARTEMUS, ROBERT L DO 1004 FEATHERSTONE CIRCLE OCOEE, FL 34761		-	0	U00000857867 4/01/08-80022-002	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP

SIGNATURE AND TYPIC OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #