

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90053 023 \*\*\*158.75

DOCUMENT # P05000136651

1. Entity Name

PRO PIONEER BUILDERS, INC.



Principal Place of Business

PALM BEACH COUNTY  
B.H.R. OKEECHOBEE FL 34974

Mailing Address

10 LEMON ST  
B.H.R. OKEECHOBEE FL 34974



2. Principal Place of Business - No P.O. Box #

PALM BEACH COUNTY, 33408

3. Mailing Address

1893 SERVICE Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1893 SERVICE Rd.

City & State

City & State

NORTH PALM BEACH, FL

NORTH PALM BEACH, FL

Zip

Country

Zip

Country

33408

U.S.A.

33408

1st MOORE

CR2E034 (10/06)

4. FEI Number 20-3641165

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PIZZI, RICK  
4060 COCONUT BLVD  
ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent

Name: RICK PIZZI (PRO Pioneer Builders)  
Street Address (P.O. Box Number is Not Acceptable)

1893 SERVICE Rd.

City: NORTH PALM BEACH

FL

Zip Code

33408

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

1-27-07

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00 May Be**  
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DIR	<input type="checkbox"/> Delete
NAME	PIZZI, RICK	
STREET ADDRESS	4060 COCONUT BLVD	
CITY - ST - ZIP	ROYAL PALM BEACH FL 33411	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

1-27-07

Date

561 629 2547

Dayside Phone #