

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000045896

FILED
May 01, 2009
Secretary of State

Entity Name: PRO FINANCIAL HOLDINGS, INC.

Current Principal Place of Business:

536 N MONROE ST
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

PO BOX 3696
TALLAHASSEE, FL 32315

New Mailing Address:

FEI Number: 20-4625845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, BRYAN
536 N MONROE ST
TALLAHASSEE, FL 32301 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ESCOBAR, JAVIER
Address: 420 PLANTATION RD
City-St-Zip: TALLAHASSEE, FL

Title: D () Delete
Name: FORSTHOEFEL, MICHAEL
Address: 1300 MEDICAL DR
City-St-Zip: TALLAHASSEE, FL

Title: D () Delete
Name: TURNER, STEPHEN
Address: 215 S MONROE ST STE 400
City-St-Zip: TALLAHASSEE, FL 32301

Title: CEOP () Delete
Name: ROBINSON, BRYAN
Address: 1771 NEWHAN LANE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: SAULS, JAMES
Address: P O BOX 2535
City-St-Zip: TALLAHASSEE, FL 32316

Title: D () Delete
Name: ROSEN, PETER
Address: 310 BLOUNT ST
City-St-Zip: TALLAHASSEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BRYAN ROBINSON

CEOP

05/01/2009

Electronic Signature of Signing Officer or Director

Date