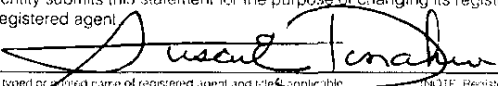
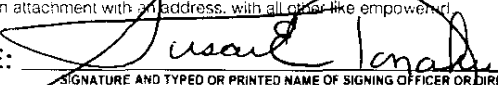


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90106 015 ***150.00

DOCUMENT # P06000083624 1. Entity Name PGR - BSS ENTERPRISES, INC.					
Principal Place of Business P.O. BOX 65 ALTURAS, FL 33820 US			Mailing Address P.O. BOX 65 ALTURAS, FL 33820 US		
2. Principal Place of Business - No P.O. Box, # 1450 E. SUMMERLINE		3. Mailing Address P.O. Box 1496			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State BARTOW, FL		City & State BARTOW, FL		4. FEI Number 20-5085381	
Zip 33880		Country USA		Applied For ☐ Not Applicable	
Zip 33881		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAMBERT, JUDITH S 669A WEST LUMSDEN ROAD BRANDON, FL 33511			7. Name and Address of New Registered Agent Name SUSAN E. DONAHUE Street Address (P.O. Box Number Not Acceptable) 1450 E. Summerline St City Bartow, FL Zip Code 33830		
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  DATE 1/12/08 Signature, typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DONAHUE, SUSAN E P.O. BOX 65 ALTURAS, FL 33820	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DONAHUE SUSAN E P.O. Box 1496 BARTOW, FL 33831	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERDUE, J.W. P.O. BOX 65 ALTURAS, FL 33820	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Perdue J.W. P.O. Box 1496 BARTOW, FL 33831	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 empowerments.					
SIGNATURE: 			863-533-2191 1/12/08 Date Daytime Phone #		