


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 13, 2008 8:00 am
Secretary of State

04-24-2008 90097 005 ***150.00

DOCUMENT # P07000094372			
1. Entity Name PRIDE BUSINESS PROFESSIONALS INC.			
Principal Place of Business 908 DEL MONACO AVENUE INTERLACHEN, FL 32148		Mailing Address 908 DEL MONACO AVENUE INTERLACHEN, FL 32148	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 2280	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Interlachen FL	
Zip	Country	Zip	Country
32148	US	32148	US
4. FEI Number 74-3254940		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GIBSON, MARY A 908 DEL MONACO AVENUE INTERLACHEN, FL 32148		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reissuing)</small>		DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO GIBSON, MARY A 908 DEL MONACO AVENUE INTERLACHEN, FL 32148 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CCO GIBSON, JOSH M 908 DEL MONACO AVENUE INTERLACHEN, FL 32148 <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: <u>Mary A. Gibson</u> <u>Mary A. Gibson</u> / Owner <u>321-08</u>		Date <u>386.659.1155</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	