

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000132697

FILED
Jul 08, 2009
Secretary of State

Entity Name: PRO NATION INCORPORATED

Current Principal Place of Business:

843 MARQUE DRIVE
MINNEOLA, FL 34715 US

New Principal Place of Business:

286 BENES ROAD
MASARYKTOWN, FL 34604 US

Current Mailing Address:

843 MARQUE DRIVE
MINNEOLA, FL 34715 US

New Mailing Address:

286 BENES ROAD
MASARYKTOWN, FL 34604 US

FEI Number: 26-1713274

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARCI, JIM
2288 COMMERCIAL WAY
SPRING HILL, FL 34606 US

Name and Address of New Registered Agent:

CONNER, ANTHONY W
286 BENES RD
MASARYKTOWN, FL 34604 US

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: ANTHONY W. CONNER

07/08/2009

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: PRES () Delete
Name: ELDRIDGE, KRISTOPHER
Address: 843 MARQUE DRIVE
City-St-Zip: MINNEOLA, FL 34715 US

Title: TRES () Delete
Name: ELDRIDGE, KRISTOPHER
Address: 843 MARQUE DRIVE
City-St-Zip: MINNEOLA, FL 34715 US

Title: SECT () Delete
Name: ELDRIDGE, KRISTOPHER
Address: 843 MARQUE DRIVE
City-St-Zip: MINNEOLA, FL 34715 US

Title: DIR () Delete
Name: ELDRIDGE, KRISTOPHER
Address: 843 MARQUE DRIVE
City-St-Zip: MINNEOLA, FL 34715 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CONNER, DAMARIS S
Address: 286 BENES RD
City-St-Zip: MASARYKTOWN, FL 34604 US

Title: TRES (X) Change () Addition
Name: CONNER, ANTHONY W
Address: 286 BENES ROAD
City-St-Zip: MASARYKTOWN, FL 34604 US

Title: SECT (X) Change () Addition
Name: CONNER, ANTHONY W
Address: 286 BENES ROAD
City-St-Zip: MASARYKTOWN, FL 34604 US

Title: DIR (X) Change () Addition
Name: CONNER, ANTHONY
Address: 286 BENES ROAD
City-St-Zip: MASARYKTOWN, FL 34604 US

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: ANTHONY CONNER

DIR

07/08/2009

Electronic Signature of Signing Officer or Director

Date