

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90038 046 \*\*\*150.00

DOCUMENT # P93000006261

1. Entity Name

PROGRESSIVE AUTO CENTER, INC.



Principal Place of Business

740 BALDEAGLE DR.  
MARCO ISLAND FL 34145  
US

Mailing Address

P.O. BOX 177  
MARCO ISLAND FL 34146  
US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0384445

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KELLY, MICHAEL D  
580 HAMMOCK CT  
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME KELLY, MICHAEL R.  
STREET ADDRESS 1218 TREASURE CT  
CITY- ST - ZIP MARCO ISLAND FL 34145 ☐ Delete

TITLE PD  
NAME Kelly Michael R.  
STREET ADDRESS 9034 Browne Ct  
CITY- ST - ZIP Naples, FL 34113 ☒ Change ☐ Addition

TITLE VPDT  
NAME KELLY, MICHAEL D  
STREET ADDRESS 580 HAMMOCK CT  
CITY- ST - ZIP MARCO ISLAND FL 34145 ☐ Delete

TITLE D  
NAME Kelly Michael D  
STREET ADDRESS 580 Hammock Ct  
CITY- ST - ZIP Marco Island, FL 34145 ☒ Change ☐ Addition

TITLE SD  
NAME KELLY, LISA M  
STREET ADDRESS 8023 PANTHER TRAIL UNIT #902  
CITY- ST - ZIP NAPLES FL 33962 ☐ Delete

TITLE SD  
NAME Kelly Lisa M  
STREET ADDRESS 9034 Browne Ct  
CITY- ST - ZIP Naples FL 34113 ☒ Change ☐ Addition

TITLE D  
NAME KELLY, BARBARA C  
STREET ADDRESS 580 HAMMOCK CT  
CITY- ST - ZIP MARCO ISLAND FL 34145 ☐ 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 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

Date

Daytime Phone #

Michael Kelly

4-28-07

239-642-4944