

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000006261

1. Entity Name
PROGRESSIVE AUTO CENTER, INC.



**FILED
Apr 21, 2008 8:00 am
Secretary of State**

04-21-2008 90074 029 ***150.00

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

Zip Country

04092008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0384445

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

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, 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 : PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME : KELLY, MICHAEL R.		NAME	
STREET ADDRESS : 9034 BANKS CT		STREET ADDRESS	
CITY-ST-ZIP : NAPLES, FL 34113		CITY-ST-ZIP	
TITLE : D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME : KELLY, MICHAEL D		NAME	
STREET ADDRESS : 580 HAMMOCK CT		STREET ADDRESS	
CITY-ST-ZIP : MARCO ISLAND, FL 34145		CITY-ST-ZIP	
TITLE : SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME : KELLY, LISA M		NAME	
STREET ADDRESS : 9083 BACONA CT		STREET ADDRESS	
CITY-ST-ZIP : NAPLES, FL 34113		CITY-ST-ZIP	
TITLE : D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME : KELLY, BARBARA C		NAME	
STREET ADDRESS : 580 HAMMOCK CT		STREET ADDRESS	
CITY-ST-ZIP : MARCO ISLAND, FL 34145		CITY-ST-ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	

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: *Lisa Kelly* Date: *4-18-2008* Daytime Phone #: *439-642-4944*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR