2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000006261

KELLY, BARBARA C

7860 CLASSICS DR

NAPLES, FL 34113

Name:

Address:

City-St-Zip:

Entity Name: PROGRESSIVE AUTO CENTER, INC

FILED Apr 23, 2009 Secretary of State

Littly Nai	ile. FROG	IKLOOIV	L AUTO CLITTER, INC.					
Current Principal Place of Business:				New Princ	New Principal Place of Business:			
	EAGLE DR. BLAND, FL		US					
Current Mailing Address:				New Maili	New Mailing Address:			
P.O. BOX MARCO IS	177 SLAND, FL	34146	US					
FEI Number:	65-0384445	FEI	Number Applied For ()	FEI Number Not Appl	licable ()	Certificate of Status Desire	ed ()	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
KELLY, MICHAEL D 580 HAMMOCK CT MARCO ISLAND, FL 34145 US				7860 CLAS	KELLY, MICHAEL D 7860 CLASSICS DRIVE NAPLES, FL 34113 US			
	named ent e of Florida.		ts this statement for the	purpose of changing i	ts registered o	ffice or registered agent,	, or both,	
SIGNATUR	RE:				04/23/2009			
	Elect	ronic Sig	nature of Registered Ag	ent		Date		
Election Car	npaign Finan	cing Trus	t Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD KELLY, MIC 9034 BRON NAPLES, FI	ICO CT.	9	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	D KELLY, MIC 7860 CLAS NAPLES, FI	SICS DR.	•	Title: Name: Address: City-St-Zip:	SD (X) KELLY, LISA M 9038 BRONCO NAPLES, FL 34	COURT		
Title: Name: Address: City-St-Zip:	SD KELLY, LIS 9038 BRON NAPLES, FI	ICO CT.	÷	Title: Name: Address: City-St-Zip:	D (X) KELLY, BARBA 7860 CLASSICS NAPLES, FL 34	S DRIVE		
Title:	D	(X) Delet	e	Title:	()	Change () Addition		

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL R. KELLY PD 04/23/2009