


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90166 010 \*\*\*150.00

<b>DOCUMENT # P93000008681</b>	
1. Entity Name <b>PROGRESSIVE CONSTRUCTION, INC.</b>	

Principal Place of Business <b>3650 N FEDERAL HWY #217 LIGHTHOUSE POINT FL 33064</b>	Mailing Address <b>P O BOX 11232 POMPANO BCH FL 33061 US</b>
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2. Principal Place of Business - No P.O. Box # <b>2731 NE 52 Court</b>	3. Mailing Address Suite, Apt. #, etc.
City & State <b>Lighthouse Point FL</b>	City & State

1st MOORE CR2E034 (10/06)

4. FEI Number <b>65-0381694</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required -</b>	

6. Name and Address of Current Registered Agent <b>CURRY, SHEILA 2731 NE 52 CT LIGHTHOUSE POINT FL 33064</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 Sheila Curry Sheila Curry 4/4/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PV CURRY, RYAN 2731 NE 52 CT LIGHTHOUSE POINT FL 33064 <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	TS CURRY, SHEILA 2731 NE 52 CT LIGHTHOUSE POINT FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Sheila Curry Sheila Curry 4/4/07 (954) 783-9931  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #