2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000025053

JONES, DIANE R

3040 SW 177 LN RD

OCALA, FL 34473

Name:

Address:

City-St-Zip:

Entity Name: PROGRESSIVE BLILL DING MAINTENA

FILED Apr 30, 2008 Secretary of State

Entity Na	me: PROGR	ESSIVE BUILDING MAINT	ENANCE, INC).				
Current Principal Place of Business:				New Principal Place of Business:				
3040 SW 177 LN RD OCALA, FL 34473				2408 WOODBROOK CT. ORLANDO, FL 32837				
Current Mailing Address:				New Mailing Address:				
3040 SW 177 LN RD OCALA, FL 34473				648 GAYLORD RD DRESDEN, TN 38225				
FEI Number	: 59-3167932	FEI Number Applied For () FEI Nun	nber Not Appl	icable ()	Certifica	te of Status Des	sired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
JONES, DIANE R 3040 SW 177 LN RD OCALA, FL 34473 US				JONES, DIANE R 2408 WOODBROOK CT ORLANDO, FL 32837 US				
	e named entity e of Florida.	submits this statement for	the purpose o	f changing i	ts registei	red office or re	egistered age	nt, or both,
SIGNATURE:						04	4/30/2008	
		nic Signature of Registered	_				Date	
Election Car	mpaign Financir	ng Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P (JONES, NANC 2408 WOODB ORLANDO, FL	ROOK CT.		Title: Name: Address: City-St-Zip:		() Change() Addition	
Title: Name: Address: City-St-Zip:	ST (JONES, LOWI 2408 WOODB ORLANDO, FL	ROOK CT.		Title: Name: Address: City-St-Zip:		() Change() Addition	
Title: Name: Address: City-St-Zip:	V (JONES, LOWI 3040 SW 177 OCALA, FL 34	LN RD		Title: Name: Address: City-St-Zip:	648 GAYL	(X) Change(.OWELL S .ORD RD. N, TN 38225) Addition	
Title:	V () Delete		Title:	V	(X) 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:

JONES, DIANE R

648 GAYLORD RD.

DRESDEN, TN 38225

SIGNATURE: DIANE JONES VP 04/30/2008