

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/06)

DOCUMENT # P93000050922 1. Entity Name PROGENY II CORPORATION																													
Principal Place of Business 475 NORTH ROAD NAPLES FL 33942 US			Mailing Address 475 NORTH ROAD NAPLES FL 33942 US																										
2. Principal Place of Business - No P.O. Box # 11420 TAMIA MITRAILE Suite, Apt. #, etc.		3. Mailing Address 11420 TAMIA MITRAILE Suite, Apt. #, etc.																											
City & State NAPLES, FL Zip 34113		City & State NAPLES, FL Zip 34113		4. FEI Number 65-0426182																									
Country U.S.		Country U.S.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent JENTGEN, JAMES J 1925 E. GORDON DR. NAPLES FL 33940				7. Name and Address of New Registered Agent Name JENTGEN, JAMES J Street Address (P.O. Box Number is Not Acceptable) 1778 YORK ISLAND DR. City NAPLES FL Zip Code 34112																									
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>JENTGEN, JAMES J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1778 YORK ISLAND DR</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>NAPLES FL 34112</td> <td></td> </tr> </table>			TITLE	D	☐ Delete	NAME	JENTGEN, JAMES J		STREET ADDRESS	1778 YORK ISLAND DR		CITY - ST - ZIP	NAPLES FL 34112		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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: <u><i>James Jentgen</i></u> 07/16/07 (239)-643-0232 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR																													