## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P93000067349

1. Entity Name

PROGRESSIVE SOLUTIONS, INC.



FILED Mar 23, 2007 08:00 AM Secretary of State

Principal Place of Business

338 N. LAKE AVE APOPKA, FL 32703 Mailing Address

338 N. LAKE AVE APOPKA, FL 32703



03062007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3202564

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BASS, LENARD 133 S, BULOVA DR. APOPKA, FL 32703

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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 Signature: typed or printed name of registered agent and trie if applicable (NOTE: Registered Agent signature required when renatating)  DATE						
FILI	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.		\$5.00 May Be Added to Fees	000000677101 03/30/07-80092-003	158.75
10.	OFFICERS AND DIRECTORS					<del></del>
TITLE	P		Í			ı
NAME	BASS, LENARD	1				
STREET ADDRESS	338 N. LAKE AVE	•				
CITY-ST-ZIP	APOPKA, FL 32703					
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CITY-ST-ZIP			•			
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NAME			i			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, if 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

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayuma Phone #