

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000044135

1. Entity Name

PROGRESSIVE MANAGEMENT CONCEPTS INC.



Principal Place of Business

**675 OAK HOLLOW WAY
ALTAMONTE SPRINGS FL 32714
US**

Mailing Address

**675 OAK HOLLOW WAY
ALTAMONTE SPRINGS FL 32714
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3249529

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KAMPE, MARY JANE
675 OAK HOLLOW WAY
ALTAMONTE SPRINGS FL 32714**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Mary Jane Kampe

Signature, typed or printed name of registered agent and title if applicable

Mary Jane Kampe as President 4/15/05

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **KAMPE, MARY J**
CITY- ST- ZIP **675 OAK HOLLOW WAY
ALTAMONTE SPRINGS FL**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **RICHARDS, BRUCE**
CITY- ST- ZIP **2720 BALKAN ST
APOPKA FL 32703-4826**

TITLE ☐ Delete
NAME **ST**
STREET ADDRESS **KAMPE, BRYAN R.**
CITY- ST- ZIP **2720 BALKAN ST
APOPKA FL 32703-4826**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **KAMPE, RAY G.**
CITY- ST- ZIP **675 OAK HOLLOW WAY
ALTAMONTE SPRINGS FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **U000000329059**
CITY- ST- ZIP **04/25/05-80102-014 150.00**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Mary Jane Kampe as President 4/15/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone