


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90358 034 ***150.00

DOCUMENT # P94000060387 1. Entity Name PROGRESSIVE AUTO PRO INSURANCE COMPANY					
Principal Place of Business 4030 CRESCENT PARK DR. BUILDING B RIVERVIEW, FL 33569			Mailing Address 6300 WILSON MILLS RD W-33 MAYFIELD VILLAGE, OH 44143-2182		
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 59-3213815	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARSHALL, MARIANN W 6300 WILSON MILLS ROAD MAYFIELD VILLAGE, OH 44143 <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	AT ANDREANO, MARY B 6300 WILSON MILLS RD. MAYFIELD VILLAGE, OH 44143 <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	PD ZIEGLER, SCOTT W. 200 WESTGATE PARKWAY- SUITE 300 RICHMOND, VA 23233 <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	VPD PRATT, DAVID L 300 N COMMONS BLVD. MAYFIELD VILLAGE, OH 44143 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Michael R. Uth 6300 Wilson Mills Rd.] Mayfield Village, OH 44143 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT COLEMAN, SCOTT E 6300 WILSON MILLS RD MAYFIELD VILLAGE, OH 44143 <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	AS KOSUDA, KAREN 300 N. COMMONS BLVD MAYFIELD VILLAGE, OH 44143 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6300 Wilson Mills Rd. Mayfield Village, OH 44143	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Mariann W. Marshall</u> Mariann W. Marshall 4/24/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="display: flex; justify-content: space-between;"> Date Daytime Phone # </div>					

40073641



04242006 Chg-P CR2E034 (11/05)

ATTACHMENT

40073641

#194000060387

PROGRESSIVE®

Issue Date: 04/12/2006

Draft Number: 601250276

Page: 1

Vendor Name: STATE OF FLORIDA

Inv. Date	Invoice Number	P.O. Number	Gross Amount	Disc Amount	Net Amount
03/31/2006	15000402006	0	150.00	0.00	150.00
	CO 40 2006 FOR PROFIT CORP ANNUAL REPORT				
	40 Progressive Auto Pro Insurance Company				

Page Total	150.00	0.00	150.00
Grand Total	150.00	0.00	150.00

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