

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90578 021 ***150.00

DOCUMENT # P94000060430

1. Entity Name
PROGRESSIVE EXPRESS INSURANCE COMPANY



Principal Place of Business
**4030 CRESCENT PARK DRIVE
BLDG B
RIVERVIEW, FL 33569**

Mailing Address
**6300 WILSON MILLS ROAD W33
MAYFIELD VILLAGE, OH 44143**

54041180



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-3213719

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHIEF FINANCIAL OFFICER
POBOX 6200 (32314-6200)
200 E. GAINES ST.
TALLAHASSEE, FL 32399**

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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **T** ☐ Delete
NAME ~~**PETERSON, STEPHEN**~~
STREET ADDRESS **6300 WILSON MILLS RD.**
CITY-ST-ZIP **MAYFIELD VILLAGE, OH 44143**

TITLE **D** ☒ Change ☐ Addition
NAME **THOMAS A. KING**
STREET ADDRESS
CITY-ST-ZIP

TITLE **AS** ☐ Delete
NAME **CERNY, KATHLEEN M**
STREET ADDRESS **300 N. COMMONS BLVD**
CITY-ST-ZIP **MAYFIELD VILLAGE, OH 44143**

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

TITLE **VPD** ☐ Delete
NAME **BASCH, JEFFREY W**
STREET ADDRESS **6300 WILSON MILLS RD.**
CITY-ST-ZIP **MAYFIELD VILLAGE, OH 44143**

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

TITLE **PD** ☐ Delete
NAME ~~**DOMECK, BRIAN**~~
STREET ADDRESS **625 ALPHA DR.**
CITY-ST-ZIP **HIGHLAND HEIGHTS, OH 44143**

TITLE ☒ Change ☐ Addition
NAME **ROBERT T. WILLIAMS, JR.**
STREET ADDRESS
CITY-ST-ZIP

TITLE **SRP** ☐ Delete
NAME **SHRALLOW, DANE**
STREET ADDRESS **300 N. COMMONS BLVD.**
CITY-ST-ZIP **MAYFIELD VILLAGE, OH 44143**

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

TITLE **ATVP** ☐ Delete
NAME **KUSMER, JAMES**
STREET ADDRESS **6300 WILSON MILLS RD**
CITY-ST-ZIP **MAYFIELD VILLAGE, OH 44143**

TITLE ☐ Change ☐ Addition
NAME
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #