

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000066745

1. Entity Name  
PROS MARKETING OF AMERICA, INC.



Principal Place of Business  
611 DRUID ROAD EAST  
SUITE 705  
CLEARWATER, FL 33756

Mailing Address  
611 DRUID ROAD EAST  
SUITE 705  
CLEARWATER, FL 33756

**FILED**  
**Sep 03, 2008 08:00 AM**  
**Secretary of State**



07072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3266240**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

GASSMAN, ALAN S  
1245 COURT ST.  
SUITE 102  
CLEARWATER, FL 33756

**DO NOT WRITE  
IN THIS SPACE**

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 \$550.00  
Due by September 12, 2008**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PANTELIDES, GUS 611 DRUID RD. EAST, STE. 705 CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U000000958804  
09/03/08-80004-001 550.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/08

Date

727-461-1211

Daytime Phone #