


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000093516
 1. Entity Name
 PROVECTOR, INC.



Principal Place of Business Mailing Address
 3181 SW 53RD AVE 3181 SW 53RD AVE
 FT LAUDERDALE, FL 33314 US FT LAUDERDALE, FL 33314 US

DO NOT WRITE IN THIS SPACE



05312005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0547901	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LIPSON, SAUL B
 1515 UNIV DR
 S 222
 CORAL SPRINGS, FL 33071

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, C.O.B. DEEN, LANCE 3181 SW 53RD AVENUE FORT LAUDERDALE, FL 33314
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 06/03/05-80004-013 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Lance Deen Lance Deen 5-30-05 954 7970432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #