

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000063487

1. Entity Name
PROVIDENT ENTERTAINMENT, INC.



Principal Place of Business
107 HAMPTON RD.
STE. 120
CLEARWATER, FL 33759

Mailing Address
107 HAMPTON RD.
STE. 120
CLEARWATER, FL 33759

DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3334979

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, WILSON F
107 HAMPTON RD.
STE. 120
CLEARWATER, FL 33759

**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 \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DROSTE, EDWARD C
STREET ADDRESS	107 HAMPTON RD., STE. 120
CITY- ST- ZIP	CLEARWATER, FL 33759
TITLE	D
NAME	JOHNSON, SUSAN
STREET ADDRESS	2826 KAVALIER DRIVE
CITY- ST- ZIP	PALM HARBOR, FL 34684
TITLE	D
NAME	WILLIAMS, WILSON F
STREET ADDRESS	364 SHEFFIELD CIR. W
CITY- ST- ZIP	PALM HARBOR, FL 34683
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000178811
01/12/05-80044-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD DROSTE

Date

1/10/05

Daytime Phone #

727-226-5677