

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 12, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # P95000093032**

**Entity Name  
PROHASKA INC.**



**Principal Place of Business  
5180 TROTTCIRCLE  
NORTHPORT, FL 34287**

**Mailing Address  
5180 TROTTCIRCLE  
NORTHPORT, FL 34287**



01272004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
65-0628016

**Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

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

**PROHASKA, PAMELA  
1016 BECKLEY CIR.  
VENICE, FL 34292**

**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 UIC if applicable

(NOTE: Registered Agent signature required when retaking)

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**

|                        |                          |
|------------------------|--------------------------|
| <b>TITLE</b>           | <b>P</b>                 |
| <b>NAME</b>            | <b>PROHASKA, PAMELA</b>  |
| <b>STREET ADDRESS</b>  | <b>1016 BECKLEY CIR.</b> |
| <b>CITY - ST - ZIP</b> | <b>VENICE, FL 34292</b>  |
| <b>TITLE</b>           | <b>S</b>                 |
| <b>NAME</b>            | <b>PROHASKA, CRAIG</b>   |
| <b>STREET ADDRESS</b>  | <b>1016 BECKLEY CIR.</b> |
| <b>CITY - ST - ZIP</b> | <b>VENICE, FL 34292</b>  |
| <b>TITLE</b>           |                          |
| <b>NAME</b>            |                          |
| <b>STREET ADDRESS</b>  |                          |
| <b>CITY - ST - ZIP</b> |                          |
| <b>TITLE</b>           |                          |
| <b>NAME</b>            |                          |
| <b>STREET ADDRESS</b>  |                          |
| <b>CITY - ST - ZIP</b> |                          |
| <b>TITLE</b>           |                          |
| <b>NAME</b>            |                          |
| <b>STREET ADDRESS</b>  |                          |
| <b>CITY - ST - ZIP</b> |                          |

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02/12/04-80048-015 150.00

**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)(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 another I have empowered.**

**SIGNATURE:**

*Craig Prohaska* **CRAIG PROHASKA**

Date

**2/6/2004**

Daytime Phone #