


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000011585</b> 1. Entity Name <b>PROGRESSIVE MANAGEMENT SERVICES, INC.</b>	
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Principal Place of Business <b>3215 SAN JOSE ST. CLEARWATER, FL 33759 US</b>	Mailing Address <b>3215 SAN JOSE ST CLEARWATER, FL 34619-3526 US</b>
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**DO NOT WRITE IN THIS SPACE**



01142005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3365768</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>LOMBARDO, JOSEPH M JR. 3215 SAN JOSE ST. CLEARWATER, FL 33759</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LOMBARDO, JOSEPH M JR. 3215 SAN JOSE ST. CLEARWATER, FL 346193526</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LOMBARDO, BELINDA S 3215 SAN JOSE ST. CLEARWATER, FL 346193526</b>
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01/19/05-80003-009 150.00

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: Joseph M. Lombardo Jr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Joseph M. Lombardo Jr.  
Date: 1/14/05 Daytime Phone #: 727-723-2802