


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000024669 1. Entity Name PROGRESSIVE COMMUNICATION TECHNOLOGIES, INC.	
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Principal Place of Business 7120 STAFFORD RD DOVER, FL 33527 US	Mailing Address 7120 STAFFORD RD DOVER, FL 33527 US
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04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3384424	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 CORNWELL, JUDY C 7120 STAFFORD ROAD DOVER, FL 33527
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**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 NAME STREET ADDRESS CITY-ST-ZIP	PD CORNWELL, LARRY C 7120 STAFFORD RD DOVER, FL 33527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD CORNWELL, JUDY W 7120 STAFFORD RD DOVER, FL 33527
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05/05/05-80086-001 150.00

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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 fees empowered.

SIGNATURE:  **April 15 2005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #