


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90076 036 \*\*\*150.00

|  |   |  |  |   |  |
|--|---|--|--|---|--|
| <b>DOCUMENT # P96000051916</b>   |   |  |  |  |  |
| <b>1. Entity Name</b><br>CATHERINE M. PROGIN, P.A.   |   |  |  |   |  |
| <b>Principal Place of Business</b><br>9247 GREEN PINES TERRACE<br>NEW PORT RICHEY, FL 34655 US   |   |  | <b>Mailing Address</b><br>9300 REGENCY PARK BLVD<br>PORT RICHEY, FL 34668      |   |  |
| <b>2. Principal Place of Business</b>  |   | <b>3. Mailing Address</b>                                      |  |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |  |   |  |
| City & State   |   | City & State   |  |   |  |
| Zip  | Country   | Zip  | Country  | <b>4. FIC Number</b><br>59-3383542  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>   |   |  |  | <b>\$8.75 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b>   |   |  | <b>7. Name and Address of New Registered Agent</b>                             |   |  |
| PROGIN, CATHERINE M<br>9247 GREEN PINES TERRACE<br>NEW PORT RICHEY, FL 34655   |   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City             |   |  |
|  |   |  | FL Zip Code  |   |  |
| <b>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.</b>   |   |  |  |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reconstating) DATE _____   |   |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>  |   | <b>9. Election Campaign Financing</b> <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>PROGIN, CATHERINE M<br>9247 GREEN PINES TERRACE<br>NEW PORT RICHEY, FL 34655 | <input type="checkbox"/> Delete                                |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete                                |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete                                |  |   |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete                                |  |   |  |
| <b>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.</b> |   |  | <b>SIGNATURE:</b> <i>Catherine M. Progin</i> <i>Catherine M Progin 3/24/04</i> |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |  | Date Daytime Phone #   |   |  |

94038715



03052004 Chg-P CR2E034 (10/03)

**4. FIC Number**  
59-3383542

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

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

**7. Name and Address of New Registered Agent**

PROGIN, CATHERINE M  
9247 GREEN PINES TERRACE  
NEW PORT RICHEY, FL 34655

Name  
Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

**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.**

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**After May 1, 2004 Fee will be \$550.00**

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Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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**SIGNATURE:** *Catherine M. Progin* *Catherine M Progin 3/24/04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #