


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 20, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90266 038 \*\*\*150.00

**DOCUMENT # P96000054497**

1. Entity Name  
BANCPROPREGO CORP.



Principal Place of Business  
2198 SONOMA DRIVE EAST  
NOKOMIS, FL 34275 US

Mailing Address  
2198 SONOMA DRIVE EAST  
NOKOMIS, FL 34275 US

**DO NOT WRITE IN THIS SPACE**

660100J1



04102005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0679645	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PFLUGNER, J GEORFFREY  
2033 MAIN ST #600  
SARASOTA, FL 34237

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) 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 CHARLOTTE, JEFFREY 2198 SONOMA DR E NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARLOTTE, FELIX J 298 SONOMA DRIVE E NOKOMIS, FL 34275
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**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 fees empowered.

SIGNATURE: *[Signature]* DATE: 5-15-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Office Phone # 9662571