


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90422 026 ***150.00

DOCUMENT # P96000077366 1. Entity Name PROFESSIONAL PROPHY, INC.					
Principal Place of Business 530 DREW AVENUE CLERMONT, FL 34711 <i>2350 Ridge Ave</i>			Mailing Address 530 DREW AVENUE CLERMONT, FL 34711		
2. Principal Place of Business <i>P.O. Box 121154</i>		3. Mailing Address <i>P.O. Box 121154</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Clermont, Fla</i>		City & State <i>Clermont, Fla</i>		4. FEI Number 59-3401324	
Zip 34711		Country <i>USA</i>		Applied For <input type="checkbox"/> Not Applicable	
Zip 34712		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JORDAN, EDWARD P II W HWY 50 CLERMONT, FL 34711			7. Name and Address of New Registered Agent Name <i>Beth A. Lutz</i> 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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUTZ, BETH A 530 DREW AVENUE CLERMONT, FL 34711		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OTOOLE, EA 2350 RIDGE AVE CLERMONT, FL 34711		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		<input type="checkbox"/> Delete		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		<input type="checkbox"/> Delete		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Beth A. Lutz</i> 4-23-06 852/407-2071 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					