


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000085429 1. Entity Name PROGRESSIVE UNITED COMMUNICATIONS, INCORPORATED	
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Principal Place of Business 607 CRICKLEWOOD CIRCLE HEATHROW, FL 32746	Mailing Address 607 CRICKLEWOOD CIRCLE HEATHROW, FL 32746
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02042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3417006	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 PARKER, AVA L 101 EAST UNION STREET STE 200 JACKSONVILLE, FL 32202	DO NOT WRITE IN THIS SPACE
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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 <i>Ava L. Parker</i> 2/13/04 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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000051578 02/16/04 80957 010 150.00
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10. OFFICERS AND DIRECTORS	
DODCU MENU TDUUD#EAUT d0:TD00	P MIX, PASCHELL C 4118 PARAN PINES DRIVE, NW ATLANTA, GA 30327
DODCU MENU TDUUD#EAUT d0:TD00	V CUMMINGS, FRANK C 607 CRICKLEWOOD TERR HEATHROW, FL 32746
DODCU MENU TDUUD#EAUT d0:TD00	ST CUMMINGS, MARTHA C 607 CRICKLEWOOD TERR HEATHROW, FL 32746
DODCU MENU TDUUD#EAUT d0:TD00	
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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 like empowered.
SIGNATURE: <i>Martha C. Cummings</i> <i>Martha C. Cummings</i> 2-8-04 4042663540 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #