

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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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DO NOT WRITE IN THIS SPACE

FILED
05 OCT -3 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09152005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3417006	Applied For <input type="checkbox"/> 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**

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 \$550.00 Due by October 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIX, PASCHELL C 4118 PARAN PINES DRIVE, NW ATLANTA, GA 30327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CUMMINGS, FRANK C 607 CRICKLEWOOD TERR HEATHROW, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CUMMINGS, MARTHA C 607 CRICKLEWOOD TERR HEATHROW, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

700060499707
10/11/05--01063--003 **558.75

**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: *Paschell C. Mix* **PASCHELL C. Mix** *Sept 29, 2005*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #