


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-01-2006 90469 031 ***150.00

DOCUMENT # P96000088086 1. Entity Name PROCTER PRODUCTIONS, INC.					
Principal Place of Business 3730 CLEVELAND HEIGHTS BLVD STE 4 LAKELAND, FL 33813			Mailing Address 3730 CLEVELAND HEIGHTS BLVD STE 4 LAKELAND, FL 33813		
2. Principal Place of Business 219 EUNICE RD Suite, Apt. #, etc.		3. Mailing Address 219 EUNICE RD Suite, Apt. #, etc.			
City & State LAKELAND, FL.		City & State LAKELAND, FL.		4. FEI Number 59-3406534	
Zip 33803		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PROCTER, ANDREW D 2716 CLEVELAND HEIGHTS BLVD. LAKELAND, FL 33803				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 219 EUNICE RD City LAKELAND, FL Zip Code 33803	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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	PSTD PROCTER, ANDREW D 2716 CLEVELAND HEIGHTS BLVD. LAKELAND, FL 33803		TITLE NAME STREET ADDRESS CITY-ST-ZIP	219 EUNICE RD LAKELAND, FL. 33803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 files empowered.					
SIGNATURE: 			4/21/06 Date Daytime Phone #		