2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000001207

1. Entity Name
PROGRESSIVE TITLE, INC.

40035907

Principal Place of Business	Mailing Address
13141 MCGREGOR BLVD # 8 FORT MYERS, FL 33919	13141 MCGREGOR BLVD # 8 FORT MYERS, FL 33919

02272008   Chg-P   CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
1712 Cape Coral Pkwy E
Suite, Apt. #, etc.

3. Mailing Address
1712 Cape Coral Pkwy E
Suite, Apt. #, etc.

City & State *Cape Coral* *Fl*
Zip *33904*   Country *Lee*

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Zip *33904*   Country *Lee*

4. FEI Number
65-0716564
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCCRAY, CATHY A
13141 MCGREGOR BLVD # 8
FORT MYERS, FL 33919

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1712 Cape Coral Pkwy E

City *Cape Coral*   FL   Zip Code *33904*

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 *Cathy A. McCray*
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)

DATE *2-28-08*

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PC	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MCCRAY, CATHY A		NAME		
STREET ADDRESS	13141 MCGREGOR BLVD # 8		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP		
TITLE	STD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DELANEY, CATHERINE A		NAME		
STREET ADDRESS	13141 MCGREGOR BLVD # 8		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP		
TITLE	V	☑ Delete	TITLE		☐ Change ☐ Addition
NAME	KONLEY, RHONDA R		NAME		
STREET ADDRESS	13141 MCGREGOR BLVD # 8		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Cathy A. McCray*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *2-28-08*
Daytime Phone # *239 448-1116*