


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90242 034 ***150.00

DOCUMENT # P97000064651 1. Entity Name PROLINE, INC.			
Principal Place of Business 6398 DANNER DRIVE UNIT D SARASOTA, FL 34240		Mailing Address 6398 DANNER DRIVE UNIT D SARASOTA, FL 34240	
2. Principal Place of Business - No P.O. Box # 2051 GLOBAL CT Suite, Apt. #, etc.		3. Mailing Address P.O. Box 50606 Suite, Apt. #, etc.	
City & State SARASOTA, FL Zip 34240		City & State SARASOTA, FL Zip 34232	
4. FEI Number 65-0788196		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 MCCOY, PAMELA M 6398 DANNER DR SARASOTA, FL 34240		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2051 GLOBAL COURT City SARASOTA FL Zip Code 34240	
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: <u>Pamela M. McCoy</u> Sect / TREAS PAMELA M. McCoy DATE: <u>4/12/07</u> <small>Signature, typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	DP MCCOY, DENNIS 6398 DANNER DRIVE SARASOTA, FL 34240	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MCCOY, PAMELA M 6398 DANNER DRIVE SARASOTA, FL 34240	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2051 GLOBAL CT SARASOTA, FL 34240	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Pamela M. McCoy</u> PAMELA M. McCoy <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/12/07 941-377-2388 <small>Date Daytime Phone #</small>	