

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000097038**

1. Entity Name  
**PROVO TRANSACTIONS, INC.**



Principal Place of Business  
**4099 TAMiami TRAIL NORTH  
SUITE 305  
NAPLES, FL 34103**

Mailing Address  
**4099 TAMiami TRAIL NORTH  
SUITE 305  
NAPLES, FL 34103**



02122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0795866**

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FITZGERALD, WILLIAM E  
4099 TAMiami TRAIL N.  
SUITE 305  
NAPLES, FL 34103**

**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 fee 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. ☐

**\$5.00 May Be  
Added to Fees**

U00000092273  
03/19/04-80002-012 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	FITZGERALD, DANIEL J
STREET ADDRESS	4099 TAMiami TRAIL N, STE 305
CITY - ST - ZIP	NAPLES, FL 34103

TITLE	D
NAME	FITZGERALD, CAROL M
STREET ADDRESS	4099 TAMiami TRAIL N, STE 305
CITY - ST - ZIP	NAPLES, FL 34103

TITLE	D
NAME	FITZGERALD, WILLIAM A
STREET ADDRESS	4099 TAMiami TRAIL N, STE 305
CITY - ST - ZIP	NAPLES, FL 34103

TITLE	D
NAME	FITZGERALD, PATRICK SHAWN
STREET ADDRESS	4099 TAMiami TRAIL N, STE 305
CITY - ST - ZIP	NAPLES, FL 34103

TITLE	D
NAME	FITZGERALD, MARY CAROL
STREET ADDRESS	4099 TAMiami TRAIL STE 305
CITY - ST - ZIP	NAPLES, FL 34103

TITLE	D
NAME	FITZGERALD, KERI C
STREET ADDRESS	4099 TAMiami TR STE 305
CITY - ST - ZIP	NAPLES, FL 34103

**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)(f), 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**WILLIAM E. FITZGERALD**

**3.16.04**

Date

**239-262-3034**

Daytime Phone #