2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000097038

1. Entity Name
PROVO TRANSACTIONS, INC.

Principal Place of Business	Mailing Address
4099 TAMIAMI TRAIL NORTH SUITE 305 NAPLES, FL 34103	4099 TAMIAMI TRAIL NORTH SUITE 305 NAPLES, FL 34103

DO NOT WRITE IN THIS SPACE

04072005 No Chg-P CR2E034 (10/03)

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

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

U00000296333
04/09/05-80061-025 158.75

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: _____ 4/1/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #