
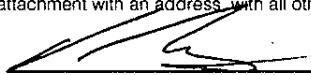


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90021 018 \*\*\*150.00

**94021033**

<b>DOCUMENT # P98000033580</b> 1. Entity Name <b>PROGRESSIVE EMPLOYER SERVICES, INC.</b>					
Principal Place of Business <b>2469 ENTERPRISE ROAD SUITE B CLEARWATER, FL 33763</b>			Mailing Address <b>2469 ENTERPRISE ROAD SUITE B CLEARWATER, FL 33763</b>		
2. Principal Place of Business <b>7560 COMMERCE COURT</b> Suite, Apt. #, etc.		3. Mailing Address <b>7560 COMMERCE COURT</b> Suite, Apt. #, etc.		02102004    Chg-P    CR2E034 (10/03)	
City & State <b>SARASOTA, FL</b> Zip    Country		City & State <b>SARASOTA, FL</b> Zip    Country		4. FEI Number <b>59-3509833</b> Applied For Not Applicable	
<b>34243</b>		<b>34243</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TINGIRIDES, ESQ, STAVROS 804 NORTH BELCHER ROAD ATE 100 CLEARWATER, FL 33765</b>				7. Name and Address of New Registered Agent Name <b>804 NORTH BELCHER ROAD</b> <b>SUITE 100</b> City <b>FL</b> Zip Code	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DRIS, MICHAEL E ESQ 2469 ENTERPRISE RD STE B CLEARWATER, FL 33763 <input checked="" 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	D HERRIG, STEVEN 7560 COMMERCE COURT SARASOTA, FL 34243 <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	COO DICK, TERESA L 7560 COMMERCE COURT SARASOTA, FL 34243 <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	CFO MICHAEL . CORLEY 7560 COMMERCE COURT SARASOTA, FL 34243 <input type="checkbox"/> Change <input checked="" 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 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.					
<b>SIGNATURE:</b>  <b>Michael P. Corley</b> 2/12/04    941-925-2990 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #					