

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90212 007 \*\*\*150.00

**DOCUMENT # P99000020085**

1. Entity Name  
**PROGRESSIVE CONSULTANTS, INC.**



Principal Place of Business

**6542 HYPOLUXO ROAD  
#170  
LAKE WORTH, FL 33467**

Mailing Address

**6542 HYPOLUXO ROAD  
#170  
LAKE WORTH, FL 33467**

**50014036**

2. Principal Place of Business

**7237 NW 62 TERR**  
Suite, Apt. #, etc.

3. Mailing Address

**7237 NW 62 TERR**  
Suite, Apt. #, etc.

City & State

**PARKLAND, FL**

City & State

**PARKLAND, FL**

4. FEI Number

**65-0900225**

Applied For

Not Applicable

Zip

Country

**33067**

Zip

Country

**33067**

03202006

Chg-P

CR2E034 (11/05)

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**VIRTUE, JOHN L  
6542 HYPOLUXO ROAD  
#170  
LAKE WORTH, FL 33467**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**7237 NW 62 TERRACE**

City

**PARKLAND**

FL

Zip Code

**33067**

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 title if applicable.

(NOTE: Registered Agent signature required when renouncing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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** ☐ Delete  
NAME **VIRTUE, JOHN L**  
STREET ADDRESS **6542 HYPOLUXO ROAD #170**  
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **7237 NW 62 TERRACE**  
CITY-ST-ZIP **PARKLAND FL 33067**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-1-06**

**9572771692**