



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90009 036 \*\*\*150.00

<b>DOCUMENT # P99000057548</b> 1. Entity Name <b>PRODIGY ENVIRONMENTAL CARE, INC.</b>					
Principal Place of Business <b>911 W. CANDLEWOOD AVE. TAMPA, FL 33603</b>			Mailing Address <b>2320 KNOLLWOOD PLACE TAMPA, FL 33604</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip 		3. Mailing Address <b>911 W. Candlewood Ave.</b> <b>Tampa FL 33603</b> Suite, Apt. #, etc.  City & State  Zip 			
4. FEI Number <b>59-3625690</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>PROVENZANO, BARBARA J 2320 KNOLLWOOD PLACE TAMPA, FL 33604</b>			7. Name and Address of New Registered Agent ( ) Name <b>Ada Gaspard</b> Street Address (P.O. Box Number is Not Acceptable) <b>911 W. candlewood Ave.</b> City <b>tampa</b> <b>FL</b> Zip Code <b>33603</b>		
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><b>Ada Gaspard</b></u> <b>P</b> <span style="float: right;">DATE <b>2/12/04</b></span> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing <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	V <b>PROVENZANO, BARBARA J 2320 KNOLLWOOD PL TAMPA, FL 33604</b>	<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	P <b>PROVENZANO, JOSEPH 2320 KNOLLWOOD PL TAMPA, FL 33604</b>	<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	ST1 <b>GASPARD, ADA 911 CANDLE WOOD AVE. TAMPA, FL 33603</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/S/T/V.P.</b> <b>ADA GASPARD</b> <b>911 W. candlewood Ave</b> <b>TAMPA FL 33603</b> <input checked="" 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	
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.					
SIGNATURE: <u><b>Ada Gaspard</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>2/12/04</b> <small>Date</small>		
			<small>Daytime Phone #</small>		