


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 23, 2004 08:00 AM
Secretary of State

DOCUMENT # S54660 1. Entity Name PRO-FORM TECHNOLOGIES, INC.	
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Principal Place of Business 1234 DAVIS AVE MORRISTOWN, TN 37814 US	Mailing Address 1234 DAVIS AVE MORRISTOWN, TN 37814 US
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DO NOT WRITE IN THIS SPACE



08202004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0265728	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CALISCH, CYNTHIA
1724 1/2 LAUREL STREET 11
SARASOTA, FL 37236

**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 \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSD BROWN, DONALD 1234 DAVIS AVE MORRISTOWN, TN 37814
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D RUSSELL, RAYMOND 3043 ST ANDREWS CT JONESBORO, GA 30238
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VST BROWN, ANITA L 1234 DAVIS AVE MORRISTOWN, TN 37814
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: Anita L. Brown ANITA L. BROWN 8/20/04 423-581-2424
Signature and typed or printed name of signing officer or director Date Daytime Phone #