

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V07098

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: PROGRESSIVE TELEPHONE, INC.

## Current Principal Place of Business:

12627 SAN JOSE BLVD.  
SUITE 904  
JACKSONVILLE, FL 32223

## New Principal Place of Business:

## Current Mailing Address:

12627 SAN JOSE BLVD  
SUITE 904  
JACKSONVILLE, FL 32223

## New Mailing Address:

FEI Number: 59-3135216      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HENRI NADEAU  
9841 SW 34TH PLACE  
GAINESVILLE, FL 32608      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: NADEAU, HENRI L  
Address: 9841 SW 34TH ROAD  
City-St-Zip: GAINESVILLE, FL 32608

Title: D ( ) Delete  
Name: COLLINS, THOMAS M  
Address: 1840 S LANDGUARD RD  
City-St-Zip: JACKSONVILLE, FL 32092

Title: D ( ) Delete  
Name: DRUASH, TAMMY  
Address: 1251 LENDA LANE  
City-St-Zip: MIDDLEBURG, FL 32068

Title: D ( ) Delete  
Name: KRAZIT, HERMAN F  
Address: 1320 PLANTATION OAKS DR. NO.  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D ( ) Delete  
Name: WATSON, ALICIA M  
Address: 240 RIVER PLANTATION ROAD S  
City-St-Zip: ST. AUGUSTINE, FL 32092

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICIA WATSON

VP

04/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date