## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 03, 2004 8:00 am Secretary of State **DOCUMENT # V27468** 1. Entity Name 05-03-2004 90672 037 \*\*\*150.00 PRO-PROSE, INC. Principal Place of Business Mailing Address 617 E COLONIAL DR **617 E COLONIAL DR** J40100T4 ORLANDO, FL 32803 ORLANDO, FL 32803 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04022004 Chq-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For. 59-3119423 Not Applicable Zìo Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SOMMERS, BERNARD D. Street Address (P.O. Box Number is Not Acceptable) 235 S. MAITLAND AVE. MAITLAND, FL 32809 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. Signature, byged or printed name of registered acent and title if applicable (NOTE: Recistered Acent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition DP Change TITLE ☐ Delete TITLE CURRAN THOMAS P. NAME NAME 1448 COUNTRY CLUB CIRCLE STREET ADDRESS STREET ACCRESS CITY-ST-ZP MANNING, SC 291028800 CITY-ST-ZIP Addition Change T) (LE ☐ Delete TITLE CURRAN, THOMAS P. NAME NAME STREET ADDRESS 1448 COUNTRY CLUB CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP MANNING, SC 291028800 Change Addition DS ☐ Defete TITLE TITLE CURRAN, LENNIE E. NAME NAME STREET ADDRESS 1448 COUNTRY CLUB CIRCLE STREET ADDRESS CITY-ST-ZIP C01Y-S1-2:P MANNING, SC 291028800 Addition ☐ Delete TITLE ☐ Change TITLE HAME HAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-7/2 CITY-ST-ZIP ☐ Chance ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZP 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:

**FILED**