## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 20, 2004 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State			
1. Entity Nar	MENT # V43072 THE PRO HAVEN, INC.				Sec	cretai	ry of State
4250 N DIX	ce of Business IE HIGHWAY DALE, FL 33334	Mailing Address 4250 N DIXIE HIGHWAY FT LAUDERDALE, FL 33334					
C	OO NOT WRITE	01052004   No Chg-P   CR2E034 (10/03)					
6. Name and Address of Current Registered Agent TERGREENY, TIMOTHY N 4250 N DIXIE HWY FT LAUDERDALE, FL 33334				IN .	NOT W	PACE	
8. The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE. Registered Agent and title if applicable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Carripaign Financia.  Trust Fund Contribution.					th, in the State of Fi	DATE	miliar with, and accept
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIE D TERGREENY, TIMOTHY N 4250 N. DIXIE HWY FT LAUDERDALE, FL 33334	RECTORS		·	U0000 01/20/04	10007810 -80039-	) -016 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME							
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE				
TITLE NAME STRIET ADDRESS CITY-ST-ZIP TITLE NAME STRIET ADDRESS							

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 eath; 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: A

CMY-ST-ZIP

NATURE AND TYPED ON PRINTED NAME OF SIGNARY OFFICER OR DIRECTO

4/04 1954 565 142 5 Osyltma Phone #