


2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED  
Apr 28, 2006 08:00 AM  
Secretary of State

DOCUMENT # V66201 1. Entity Name DECISION PRO, INC.		
Principal Place of Business 13 LAKE BYRD BLVD. AVON PARK, FL 33825	Mailing Address 13 LAKE BYRD BLVD. AVON PARK, FL 33825	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  GROSS, JOHN H PRES. 13 LAKE BYRD BLVD. AVON PARK, FL 33825		<b>DO NOT WRITE IN THIS SPACE</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GROSS, JOHN 13 LAKE BYRD BLVD. AVON PARK, FL	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS GROSS, CYNTHIA M. 13 LAKE BYRD BLVD. AVON PARK, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>John H Gross John H Gross</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4-25-06</u> <u>863 4536621</u> <small>Days/Time Phone #</small>



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3144256

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

000000541795  
05/10/06-80069-019 150.00