

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90082 048 \*\*\*150.00

94053103



<b>DOCUMENT # K50927</b> 1. Entity Name <b>PCAF, INC.</b>			
Principal Place of Business <b>C/O JAMES H. SIPE 880 CARILLON PARKWAY ST. PETERSBURG, FL 33716</b>		Mailing Address <b>C/O JAMES H. SIPE 880 CARILLON PARKWAY ST. PETERSBURG, FL 33716</b>	
2. Principal Place of Business <b>C/O Brad J. Bond</b> Suite, Apt. #, etc. <b>880 Carillon Pkwy.</b>		3. Mailing Address <b>C/O Brad J. Bond</b> Suite, Apt. #, etc. <b>880 Carillon Pkwy.</b>	
City & State <b>St. Petersburg, FL 33716</b> Zip 		City & State <b>St. Petersburg, FL 33716</b> Zip 	
4. FEI Number <b>04012004</b>		Chg-P <b>CR2E034 (10/03)</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>SIPE, JAMES H. 880 CARILLON PARKWAY ST. PETERSBURG, FL 33716</b>		7. Name and Address of New Registered Agent Name <b>Paul Matecki</b> Street Address (P.O. Box Number is Not Acceptable) <b>880 Carillon Pkwy.</b> <b>St. Petersburg, FL 33716</b> City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SIPE, JAMES H. 880 CARILLON PKWY. ST. PETERSBURG, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Scott A. Curtis 880 Carillon Pkwy. St. Petersburg, FL 33716 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS TREMAINE, THOMAS R. 880 CARILLON PKWY. ST. PETERSBURG, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIPE, JAMES H 880 CARILLON PKWY ST PETERSBURG, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAT TREMAINE, THOMAS R. 880 CARILLON PKWY. ST. PETERSBURG, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>Thomas R. Tremaine</b> <small>Date</small>	
		<b>727-567-3800</b> <small>Daytime Phone #</small>	