


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # K50927
 1. Entity Name
 PCAF, INC.



Principal Place of Business C/O BRAD J BOND 880 CARILLON PARKWAY ST. PETERSBURG, FL 33716	Mailing Address C/O BRAD J BOND 880 CARILLON PARKWAY ST. PETERSBURG, FL 33716
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04122006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2937883	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MATECKI, PAUL
 880 CARILLON PARKWAY
 ST. PETERSBURG, FL 33716

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST CURTIS, SCOTT A 880 CARILLON PKWY. SAINT PETERSBURG, FL 33716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS TREMAINE, THOMAS R. 880 CARILLON PKWY. ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAT TREMAINE, THOMAS R. 880 CARILLON PKWY. ST. PETERSBURG, FL
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 05/05/06-80095-006 150.00

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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: Thomas A. Tremaine 4/19/06 727567380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #