



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

1392

DOCUMENT # K50927						<b>FILED</b> 2008 MAY -1 PM 3:25 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name <b>PCAF, INC.</b>				Principal Place of Business <b>C/O BRAD J BOND          880 CARILLON PARKWAY          ST. PETERSBURG, FL 33716</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				Mailing Address <b>C/O BRAD J BOND          880 CARILLON PARKWAY          ST. PETERSBURG, FL 33716</b>			
3. Mailing Address Suite, Apt. #, etc.							
City & State		City & State		4. FEI Number <b>59-2937883</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MATECKI, PAUL          880 CARILLON PARKWAY          ST. PETERSBURG, FL 33716</b>				7. Name and Address of New Registered Agent  <b>CT Corporation System          1200 South Pine Island Road          Plantation, FL 33324</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 <i>Madonna Cuddihy</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				<b>Madonna Cuddihy</b> <b>Special Assistant Secretary</b>		4/30/08 <small>DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DPST          STOLZ, SCOTT          880 CARILLON PKWY          SAINT PETERSBURG, FL 33716</b> <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: center;"> <b>700129226737</b>  <b>05/13/08--01037--005 **150.00</b> </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DVAS          TREMAINE, THOMAS R.          880 CARILLON PKWY.          SAINT PETERSBURG, FL 33716</b> <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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: <i>Thomas R. Tremaine</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>THOMAS R. TREMAINE</b>		4-28-08 727-567-4020 <small>Date Daytime Phone #</small>	

**PCAF, INC. (Inactive)**

Incorporated: 12/13/1988

59-2937883

Florida Charter: K50927

**DIRECTORS:**

Scott Stolz

Thomas R. Tremaine

Director

Director

880 Carillon Parkway

880 Carillon Parkway

St. Petersburg

St. Petersburg

FL 33716

FL 33716

**OFFICERS:**

Scott Stolz

Thomas R. Tremaine

President, Secretary, Treasurer

Vice Pres/Asst. Sec/Asst. Treas.

880 Carillon Parkway

880 Carillon Parkway

St. Petersburg

St. Petersburg

FL 33716

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