

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000030177

**FILED**  
**Feb 20, 2004**  
**Secretary of State**

**Entity Name:** PM VENTURES, INC,

**Current Principal Place of Business:**

195 WEKIVA SPRINGS ROAD  
SUTIE 320  
LONGWOOD, FL 32779

**New Principal Place of Business:**

415 MONTGOMERY ROAD  
SUITE 105  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

195 WEKIVA SPRINGS ROAD  
SUTIE 320  
LONGWOOD, FL 32779

**New Mailing Address:**

415 MONTGOMERY ROAD  
SUITE 105  
ALTAMONTE SPRINGS, FL 32714

**FEI Number:** 16-1666926

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DRAVES, DONNA L ESQ.  
120 E. CONCORD STREET  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MEIDL, PATRICIA  
Address: 195 WEKIVA SPRINGS ROAD SUITE 320  
City-St-Zip: LONGWOOD, FL 32779

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: MEIDL, PATRICIA  
Address: 415 MONTGOMERY ROAD SUITE 105  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA MEIDL

D

02/20/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date