Sent By: GAYLON PFEIFFER; 8138188694; M

FILED
Jun 24, 2004 8:00 am
Secretary of State

4/30

04-30-2004 90264 014 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000136013

1. Entity Name
PFEIFFER MANAGEMENT GROUP, INC.

66428940

Principal Place of Business	Mailing Address
11806 MARBLEHEAD DRIVE TAMPA, FL 33626	11806 MARBLEHEAD DRIVE TAMPA, FL 33626

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DLZ3200I Chg-P CR2E034 (10/03)

4. FEI Number 20-0388877 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EDWARDS, WILLIAM J
KOCH & ASSOCS., P.A., 1 TMP. CTY. CNTR
STE. 3010, 201 NORTH FRANKLIN STREET
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name: Koch & Associates, P.A. - William Edwards
Street Address (P.O. Box Number is Not Acceptable): 500 E Kennedy Blvd., Ste. 100
City: Tampa FL Zip Code: 33602

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: William J Edwards 4/26/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: Rebecca Pfeiffer P, S 11806 marblehead Dr. Tampa, FL 33626	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: Gaylon Pfeiffer VP, T 11806 marblehead Dr. Tampa, FL 33626	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: Rebecca Pfeiffer 4/26/04 (813) 818-8374
Signature, typed or printed name of officer or director Date Daytime Phone #