

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000153133

FILED
Mar 11, 2009
Secretary of State

Entity Name: PIONEER INVESTMENT CENTER OF C.F. INC.

Current Principal Place of Business:

715 E. LIME STREET
SUITE 310
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2014
TARPON SPRINGS, FL 34688

New Mailing Address:

FEI Number: 59-2930306 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHMIDT, NORA
715 E. LIME STREET
SUITE 310
TARPON SPRINGS, FL 34689 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/S () Delete
Name: BARRIGA, SOCORRO R
Address: 715 E. LIME STREET #310
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D/P () Delete
Name: SCHMIDT, NORA
Address: 715 E. LIME STREET, SUITE 310
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D/V () Delete
Name: NANCY, ADAMS VICE PR
Address: 1224 AUDOBAN STREET
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D/V (X) Change () Addition
Name: ALEXANDER, BROUMAND VICE PR
Address: 1224 AUDOBAN STREET
City-St-Zip: ORLANDO, FL 32804

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: NORA SCHMIDT

PRES

03/11/2009

Electronic Signature of Signing Officer or Director

_____ Date