

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000127177

Entity Name: PMF,INC.

FILED
Jan 09, 2008
Secretary of State

Current Principal Place of Business:

509 S HYDE PARK AVENUE
SUITE 225
TAMPA, FL 33606

Current Mailing Address:

509 S. HYDE PARK AVENUE
SUITE 225
TAMPA, FL 33606 US

New Principal Place of Business:

502 S HYDE PARK AVENUE
SUITE 225
TAMPA, FL 33602 US

New Mailing Address:

502 S HYDE PARK AVENUE
SUITE 225
TAMPA, FL 33602 US

FEI Number: 71-0974849

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 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: P () Delete
Name: CUGNO, NICOLE K
Address: 509 S. HYDE PARK AVENUE
City-St-Zip: TAMPA, FL 33606 US

Title: S () Delete
Name: CUGNO, NICOLE K
Address: 509 S. HYDE PARK AVENUE
City-St-Zip: TAMPA, FL 33606

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TAACA, DEREK
Address: 502 S. HYDE PARK AVENUE
City-St-Zip: TAMPA, FL 33602 US

Title: VP (X) Change () Addition
Name: CUGNO, NICOLE K
Address: 502 S. HYDE PARK AVENUE
City-St-Zip: TAMPA, FL 33602

Title: S () Change (X) Addition
Name: CUGNO, NICOLE
Address: 502 S. HYDE PARK AVENUE
City-St-Zip: TAMPA, FL 33602

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: NICOLE CUGNO

VP

01/09/2008

Electronic Signature of Signing Officer or Director

Date