# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2009**
**Secretary of State**

DOCUMENT# P04000127177

**Entity Name:** PMF,INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

13575 58TH STREET N
SUITE 187
CLEARWATER, FL 33760 US

**Current Mailing Address:**

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

**New Mailing Address:**

13575 58TH STREET N
SUITE 187
CLEARWATER, FL 33760 US

**FEI Number: 71-0974849** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**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: TAACA, DEREK
Address: 502 S. HYDE PARK AVENUE
City-St-Zip: TAMPA, FL 33602 US

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

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

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

Title: P (X) Change ( ) Addition
Name: CUGNO, NICOLE K
Address: 13575 58TH STREET N
City-St-Zip: CLEARWATER, FL 33760 US

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

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

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 P 04/30/2009

Electronic Signature of Signing Officer or Director Date