

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # S37013 1. Entity Name P.C.M.D. MANAGEMENT, INC.	
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Principal Place of Business 1700 N MAITLAND AVE MAITLAND, FL 32751-3321 US	Mailing Address 1700 N MAITLAND AVE MAITLAND, FL 32751-3321 US
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03032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number 59-3054168	Applied For Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DIPASQUA, CURTIS 1700 N MAITLAND AVE MAITLAND, FL 32751
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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 qualifications of registered agent.

SIGNATURE _____ 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	U000000080080 03/08/04-80094-013 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	P DIPASQUA, MICHAEL 1700 N MAITLAND AVE MAITLAND, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	ST DIPASQUA, CURTIS D 1700 N MAITLAND AVE MAITLAND, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: Michael Dipasqua M-Chael D. Pasqua 3341 407 332 5150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE OF FILING