

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005053

Entity Name: PFXA, INC.**Current Principal Place of Business:**2350 LEGENDS WAY
CLERMONT, FL 34711**Current Mailing Address:**2350 LEGENDS WAY
CLERMONT, FL 34711 US**FEI Number:** 59-3470283**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BRET JONES, P.A.
700 ALMOND STREET
CLERMONT, FL 34711 US*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**Officer/Director Detail :**

Title DIRECTOR
Name RICHARDSON, DOROTHY DR.
Address 2350 LEGENDS WAY
City-State-Zip: CLERMONT FL 34711

Title DIRECTOR
Name BORAK, ROBERT K
Address 1321 CENTURY OAK DR
City-State-Zip: OCOEE FL 34761

Title DIRECTOR
Name STRANGE, ALISON ESQ.
Address 700 ALMOND STREET
City-State-Zip: CLERMONT FL 34711

Title DIRECTOR
Name JONES, JOANN DR.
Address 12201 CYPRESS LANDING AVENUE
City-State-Zip: CLERMONT FL 34711

Title DIRECTOR
Name BORAK, ROBERT K II
Address 2350 LEGENDS WAY
City-State-Zip: CLERMONT FL 34711

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALISON STRANGE**DIRECTOR****02/11/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date