2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # 550967

1. Entity Name
P.C.O., INC.

Principal Place of Business	Mailing Address
8210 LAKEWOOD RANCE BLVD BRADENTON, FL 34202 US	8210 LAKEWOOD RANCE BLVD BRADENTON, FL 34202 US

DO NOT WRITE IN THIS SPACE

03072006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1776399
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BYRNES, KAREN L
8210 LAKEWOOD RANCH BLVD
BRADENTON, FL 34202

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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 obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000431575
04/19/06 00028-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NEAL, ELINOR M
STREET ADDRESS	8210 LAKEWOOD RANCE BLVD
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	S
NAME	BYRNES, KAREN L
STREET ADDRESS	8210 LAKEWOOD RANCE BLVD
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	VP
NAME	SCHIER, JAMES R
STREET ADDRESS	8210 LAKEWOOD RANCE BLVD
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	D
NAME	BUSKIRK, EMILY B
STREET ADDRESS	8210 LAKEWOOD RANCE BLVD
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	D
NAME	NEAL, PATRICK K
STREET ADDRESS	8210 LAKEWOOD RANCE BLVD
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	DT
NAME	BENSON, JOHN B III
STREET ADDRESS	8210 LAKEWOOD RANCE BLVD
CITY-ST-ZIP	BRADENTON, FL 34202

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Gabriella B Heim 3/8/06 9413281034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #