

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760111

FILED  
Jan 23, 2006  
Secretary of State

**Entity Name:** THE PROFESSIONAL CENTER OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2115 PALM BAY RD., NE, SUITE 4E  
PALM BAY, FL 32905 US

**New Principal Place of Business:**

**Current Mailing Address:**

2115 PALM BAY RD., NE, SUITE 4E  
PALM BAY, FL 32905 US

**New Mailing Address:**

**FEI Number:** 59-2176671

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MORRIS, JAMES T  
2115 PALM BAY RD., NE, SUITE 4E  
PALM BAY, FL 32905 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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MORRIS, JAMES T  
Address: 2115 PALM BAY ROAD, NE, SUITE 4E  
City-St-Zip: PALM BAY, FL 32905 US

Title: STD ( ) Delete  
Name: SHELDON, FRANCINE  
Address: 2115 PALM BAY ROAD, NE, SUITE 4E  
City-St-Zip: PALM BAY, FL 32905 US

Title: VPD ( ) Delete  
Name: PAGLIARULO, MARK  
Address: 2115 PALM BAY RD, #7E  
City-St-Zip: PALM BAY, FL 32905

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

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

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

SIGNATURE: JAMES T MORRIS

MR

01/23/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date