2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000003756

1. Entity Name PCI ÓF CHELSEA, INC.



Principal Place of Business

Mailing Address

FILED Aug 08, 2008 08:00 AM Secretary of State

		9195 OLD HIGHWAY 280 CHELSEA, AL 35043		 		Za fif Folds (bilt i		
. 1				0714200B	No Chg-P	CR2E034		
	O NOT WRITE		GENT A	4. FEI Number 20-267 5. Certificate			Applied For Not Applicable 8.75 Additional e Required	
6. Name and Address of Current Registered Agent EDMISTON, LARRY 114 PALMETTO STREET, SUITE 3 DESTIN, FL 32541					NOT WI	* *		
	named entity submits this statement for the consistence of registered agent. Signature, typed or printed name of registered agent and		ed office or register d Agent signature required		th, in the State of Flor	ida. I am fam	niliar with, and accept	
	LE NOWIII FEE IS \$150.00 ue by September 12, 2008	Election Campaign Finar Trust Fund Contribution.	9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DII CP EDMISTON, LARRY 114 PALMETTO STREET, SUITE 3 DESTIN, FL 32541							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC EDMISTON, JERRY 9515 OLD HIGHWAY 280 CHELSEA, AL 35043				0000099 8-80\08/08		5- 15 0:00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST EDMISTON, JACK 9195 OLD HIGHWAY 280 CHELSEA, AL 35043			DO	NOT W	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SP	ACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS								

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:

CITY-ST-ZIP

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-31-08

Daytime Phone #