

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90063 024 ***150.00

DOCUMENT # F84569

1. Entity Name

PPCA, INC.



Principal Place of Business

6915 OAKMONT PKWY
NAPLES FL 33963

Mailing Address

6915 OAKMONT PKWY
NAPLES FL 34108
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2197742

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRADY, THOMAS R
720 5TH AVE S
#200
NAPLES FL 34102

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME NICHOLS, ARLENE M
STREET ADDRESS 6915 OAKMONT PKSY
CITY-ST-ZIP NAPLES, FL 00000

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DST ☐ Delete
NAME PEARSON, LARRY R
STREET ADDRESS 4351 SANCTUARY WAY
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE ☒ Change ☐ Addition
NAME *DST Larry R. Pearson*
STREET ADDRESS *13223 PALMILLA Circle*
CITY-ST-ZIP *Dade City, FL 33525*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Arlene M. Nichols ARLENE M. Nichols 2/18/04 239-591-8116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #