

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90159 043 ***150.00

DOCUMENT # F99000004506

1. Entity Name
PC MANAGEMENT, INC OF FT MYERS



Principal Place of Business
**27500 RIVERVIEW CENTER BLVD., #202
BONITA SPRINGS, FL 34134-4314**

Mailing Address
**27500 RIVERVIEW CENTER BLVD., #202
BONITA SPRINGS, FL 34134-4314**

50009432



2. Principal Place of Business
27599 Riverview Center Blvd

3. Mailing Address
27599 Riverview Center Blvd

Suite, Apt. #, etc.
Suite 201

Suite, Apt. #, etc.
Suite 201

City & State
BONITA SPRINGS, FL

City & State
BONITA SPRINGS, FL

Zip
34134

Country
USA

Zip
34134

Country
USA

01092006 Chg-P CR2E034 (11/05)

4. FEI Number
22-3268347

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARTIN, ROBERT C
C/O PC MANAGEMENT, INC.
27500 RIVERVIEW CENTER BLVD., SUITE 202
BONITA SPRINGS, FL 34134-4314**

7. Name and Address of New Registered Agent

Name
MARTIN, Robert C

Street Address (P.O. Box Number is Not Acceptable)
C/O PC MANAGEMENT, INC

27599 Riverview Center Blvd Suite 201

City
BONITA SPRINGS

FL

Zip Code
34134

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]

2/24/06

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

DATE

**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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MARTIN, ROBERT C
26120 MANDEVILLA DR.
BONITA SPRINGS, FL 34134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MARTIN, LINDA C
26120 MANDEVILLA DR.
BONITA SPRINGS, FL 34134**

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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☐ Change ☐ Addition

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/06
Date

239.335-1320
Daytime Phone #