

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # F99000004506**

1. Entity Name

PC MANAGEMENT, INC OF FT MYERS



Principal Place of Business

27599 RIVERVIEW CNTR BLVD  
STE 201  
BONITA SPRINGS, FL 34134

Mailing Address

27599 RIVERVIEW CNTR BLVD  
STE 201  
BONITA SPRINGS, FL 34134



03272007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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.  
27599 RIVERVIEW CENTER BLVD, STE 201  
BONITA SPRINGS, FL 34134

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE  
IN THIS SPACE**

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04/25/07-80053-016 150.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/07

239-335-1325

Date

Daytime Phone #