

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90063 014 ***150.00

DOCUMENT # G91307

1. Entity Name

P.M.C.A. INC.



Principal Place of Business

218 E. COLONIA LANE
NOKOMIS FL 34275
US

Mailing Address

218 E. COLONIA LANE
NOKOMIS FL 34275
US



2. Principal Place of Business - No P.O. Box #

1137 HARBOR TOWN WAY
Suite, Apt. #, etc.

3. Mailing Address

1137 HARBOR TOWN WAY
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

VENILE FL

City & State

VENILE FL

4. FEI Number

59-2398149

Applied For

Not Applicable

Zip

34292

Country

SAAGHOTA

Zip

34292

Country

SAAGHOTA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FITZGERALD, WILLIAM U
218 E. COLONIA LANE
NOKOMIS FL 34275

7. Name and Address of New Registered Agent

Name
FITZGERALD, WILLIAM U

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

1137 HARBOR TOWN WAY

City
VENILE

FL

Zip 34292

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 WILLIAM U. FITZGERALD WILLIAM FITZGERALD DATE 1/1/08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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

TITLE PS
NAME FITZGERALD, WILLIAM U
STREET ADDRESS 218 E. COLONIA LANE
CITY-ST-ZIP NOKOMIS FL 34275 ☒ Delete

TITLE VPT
NAME FITZGERALD, PATRICIA A
STREET ADDRESS 218 E. COLONIA LANE
CITY-ST-ZIP NOKOMIS FL 34275 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS
NAME FITZGERALD, WILLIAM U ☒ Change ☐ Addition
STREET ADDRESS 1137 HARBOR TOWN WAY
CITY-ST-ZIP VENILE FL 34292

TITLE VPT
NAME FITZGERALD, PATRICIA A ☒ Change ☐ Addition
STREET ADDRESS 1137 HARBOR TOWN WAY
CITY-ST-ZIP VENILE FL 34292

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 WILLIAM U. FITZGERALD DATE 1/1/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #