2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 06, 2006 08:00 AM DOCUMENT # H12114 Secretary of State 1. Entity Name PFI OF FLORIDA, INC. Principal Place of Business _ Mailing Address P.O. BOX 195245 WINTER SPRINGS FL 32719 677 BENITAWOOD COURT WINTER SPRINGS FL 32708 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2419515 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GURLEY, RUTH ANN Street Address (P.O. Box Number is Not Acceptable) 677 BENITAWOOD COURT WINTER SPRINGS FL 32708 City Zip Code 5. The above named entity submits this statement for the purpose of changing as registered office or registered agent, or both, in the State of Flonda. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typest or pasted name of regressed agent and little trapplicative UANE (NOTE: Registered Agent signature required when revisialing) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 8. After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. U00000458140 □ Change Delete TIFLE PST THE GURLEY, JAMES C NAME 03/17/06-20031-027 150.00 NAME STREET ADDRESS 677 BENITAWOOD COURT JIREET ADDRESS CHTY-ST-ZIP WINTER SPRINGS FL CHTY-ST-ZIP THILE □ Detete MILL ☐ Change ☐ All title NAM GURLEY, JAMES C NAME STREET ADDRESS STIRET ADDRESS 677 BENITAWOOD COURT CHY-ST-ZIP WINTER SPRINGS FL City-SI-ZIP ☐ Change ☐ Øelete MILL SITU NAGE NAME GURLEY, RUTH ANN STREET ADDRESS 677 BENITAWOOD COURT STHEET ADDRESS City-ST-7P CITY-ST-ZIP WINTER SPGS. FL HILE ☐ Delete THIE ☐ Change A.c. NAME NAME STREET ADDRESS STREET ADDRESS CMY-ST-70 CITY-ST-ZIP Defete ☐ Change □ Add TITLE TILLE NAME NAME STREET ADDRESS STREET ADURESS CITY - ST - ZIP CATY-S1-ZIP IIILE Delete $nn\bar{\epsilon}$ Change □ M^{**} NAME MANE STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP City-ST-ZIP 12. Thereby certify that the information supplied with this hing 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 directly 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 if changed, or on an attachment with an address, with all other like empowered.

Ruth A. Gurley

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