

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # J88122**

1. Entity Name  
**PMC EMPLOYEE BENEFITS, INC.**



Principal Place of Business  
**P.O. BOX 1115  
PINELLAS PARK, FL 33780 US**

Mailing Address  
**P.O. BOX 1115  
PINELLAS PARK, FL 33780 US**



04252005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2963824**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DUBRATZ, HJ  
8391 57TH STREET NORTH  
PINELLAS PARK, FL 33781**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME DUBRATZ, H.J.  
STREET ADDRESS 8391 57TH STREET NORTH  
CITY-ST-ZIP PINELLAS PARK, FL

TITLE VD  
NAME DUBRATZ, MARION  
STREET ADDRESS 8391 57TH STREET NORTH  
CITY-ST-ZIP PINELLAS PARK, FL

TITLE STD  
NAME SCHIBLER, MICHELE  
STREET ADDRESS 5360 86 AVE N  
CITY-ST-ZIP PINELLAS PARK, FL

TITLE VD  
NAME SOLOSKI, PATRICIA  
STREET ADDRESS 5548 96TH AVE N  
CITY-ST-ZIP PINELLAS PARK, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000338258  
04/28/05-80028-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

4/25/05

Date

727 548-5880

Daytime Phone #