2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # J88122

1. Entity Name
PMC EMPLOYEE BENEFITS, INC.

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

U00000484847
04/12/06-80064-007 150.00

03142006 No Chg-P CR2E034 (11/05)

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

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	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	

DO NOT WRITE IN THIS SPACE

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: H J Dubratz H.J. DUBRATZ 3/27/06 727 548-5930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #