


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90775 001 ***158.75

DOCUMENT # J94099 1. Entity Name PCG INVESTMENTS, INC.					
Principal Place of Business 155 SABAL PALM DR LONGWOOD, FL 32779				Mailing Address 155 SABAL PALM DR LONGWOOD, FL 32779	
2. Principal Place of Business 1063 Maitland Center Comms		3. Mailing Address 1063 Maitland Center Comms.			
Suite, Apt. #, etc. Suite 100		Suite, Apt. #, etc. Suite 100			
City & State Maitland FL		City & State Maitland FL			
Zip 32751		Zip 32751			
Country		Country			
4. FEI Number 59-2848456					
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent					
RAJTAR, STEVEN A. 155 SABAL PALM DR LONGWOOD, FL 32779					
7. Name and Address of New Registered Agent					
Name Street Address (P.O. Box Number is Not Acceptable) 1063 Maitland Center Commons Suite 100 City Maitland FL Zip Code 32751					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRACE, PHILIP C. <input type="checkbox"/> Delete 155 SABAL PALM DR LONGWOOD, FL 32779				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPPS HOLCOMB, ANDREA <input type="checkbox"/> Delete 155 SABAL PALM DR LONGWOOD, FL 32779				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME STREET ADDRESS CITY-ST-ZIP 1063 Maitland Center Commons Suite 100 Maitland FL 32751					
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME STREET ADDRESS CITY-ST-ZIP PS 1063 Maitland Center Commons Suite 100 Maitland FL 32751					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="text-align: right;"> 4/21/04 4077868820 <small>Date Daytime Phone #</small> </div>					