


2008 FOR PROFIT CORPORATION ANNUAL REPORT

1392

DOCUMENT # K50927 1. Entity Name PCAF, INC.	
---	---

FILED
 2008 MAY - 1 PM 3: 25
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business C/O BRAD J BOND 880 CARILLON PARKWAY ST. PETERSBURG, FL 33716	Mailing Address C/O BRAD J BOND 880 CARILLON PARKWAY ST. PETERSBURG, FL 33716
---	---



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

04222008 Chg-P CR2E034 (12/06)

City & State Zip Country	City & State Zip Country
--	--

4. FEI Number 59-2937883	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MATECKI, PAUL 880 CARILLON PARKWAY ST. PETERSBURG, FL 33716	7. Name and Address of New Registered Agent Name CT Corporation System Street Adc 1200 South Pine Island Road Plantation, FL 33324 City de
---	--

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.

Madonna Cuddihy
 SIGNATURE *Madonna Cuddihy* **Special Assistant Secretary** 4/30/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST STOLZ, SCOTT 880 CARILLON PKWY SAINT PETERSBURG, FL 33716 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700129226737 05/13/08--01037--005 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS TREMAINE, THOMAS R. 880 CARILLON PKWY. SAINT PETERSBURG, FL 33716 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Thomas R. Tremaine* **THOMAS R. TREMAINE** 4-28-08 727-567-4020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PCAF, INC. (Inactive)

Incorporated: 12/13/1988

59-2937883

Florida Charter: K50927

DIRECTORS:

Scott Stolz

Thomas R. Tremaine

Director

Director

880 Carillon Parkway

880 Carillon Parkway

St. Petersburg

St. Petersburg

FL 33716

FL 33716

OFFICERS:

Scott Stolz

Thomas R. Tremaine

President, Secretary, Treasurer

Vice Pres/Asst. Sec/Asst. Treas.

880 Carillon Parkway

880 Carillon Parkway

St. Petersburg

St. Petersburg

FL 33716

FL 33716