


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90671 035 ****70.00

DOCUMENT # M02000001522	
1. Entity Name PROGRAMMABLE LOGIC USER GROUP, INC.	

Principal Place of Business 10380 131ST STREET LARGO, FL 33774	Mailing Address 10380 131ST STREET LARGO, FL 33774
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DO NOT WRITE IN THIS SPACE



04062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 01-0624067 NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KILLINGSWORTH, JACK 10380 131ST STREET LARGO, FL 33774	DO NOT WRITE IN THIS SPACE
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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)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	KILLINGSWORTH, JACK
STREET ADDRESS	10380 131ST STREET
CITY-ST-ZIP	LARGO, FL 33774
TITLE	D
NAME	LUMIA, JAMES
STREET ADDRESS	3301 W BARCELONA STREET
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	PD
NAME	BELVIN, STEVE
STREET ADDRESS	13265 108TH AVENUE
CITY-ST-ZIP	LARGO, FL 33774
TITLE	PD
NAME	KIMMERY, CLIFFORD E
STREET ADDRESS	2045 SUNSET GROVE LANE
CITY-ST-ZIP	CLEARWATER, FL 337651254
TITLE	VD
NAME	SJOQUIST, GREG
STREET ADDRESS	1806 OAKFOREST DRIVE WEST
CITY-ST-ZIP	CLEARWATER, FL 33759
TITLE	TD
NAME	WEDLAKE, JIM
STREET ADDRESS	11671 GROVE STREET
CITY-ST-ZIP	SEMINOLE, FL 33772

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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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an officer or director empowered.

SIGNATURE:  JIM WEDLAKE 4/10/04 727/397-5143	DATE 4/10/04	DAYTIME PHONE # 727/397-5143
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		