


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2004 8:00 am
Secretary of State

08-06-2004 90003 037 ***150.00

DOCUMENT # P00000023345		
1. Entity Name P.C.R. COMPANY		

Principal Place of Business 7535 SHERIDAN RD. MELBOURNE, FL 32904	Mailing Address 7535 SHERIDAN RD. MELBOURNE, FL 32904
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54067214



08032004 Chg-P CR2E034 (10/03)

2. Principal Place of Business 6699 Sheridan Road Suite, Apt. #, etc. Melbourne Village, FL City & State	3. Mailing Address 3150 N. Wickham Rd Ste 3 Suite, Apt. #, etc. Melbourne, FL City & State
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4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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Zip 32904	Country BVI	Zip 32935	Country BVI
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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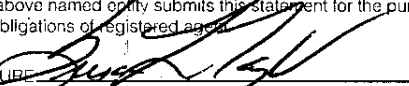
6. Name and Address of Current Registered Agent

RICHARDS, PAUL C
7535 SHERIDAN RD.
MELBOURNE, FL 32904

7. Name and Address of New Registered Agent

Name
Susan Taylor
Street Address (P.O. Box Number is Not Acceptable)
3150 N. Wickham Rd, Ste. 3
Melbourne
City
FL Zip Code
32935

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

08/03/04

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDS, PAUL C 7535 SHERIDAN RD. MELBOURNE, FL 32904	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LLORENS, MARTIN 7535 SHERIDAN RD. MELBOURNE, FL 32904	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAVES, CAROL A 410 LACOCO ST SW PALM BAY, FL 32908	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	6699 Sheridan Rd Melbourne Village, FL 32904	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	6699 Sheridan Rd Melbourne Village, FL 32904	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	18 Sapphire St W. Mel, FL 32904	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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

Date

Daytime Phone #



8/03/2004 (321)
984-1200