

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000030871

FILED
Feb 05, 2004
Secretary of State

Entity Name: PCIDC, INC.

Current Principal Place of Business:

4850 ST. JAMES AVENUE
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

300 FIFTH AVENUE SOUTH
SUITE 101-200
NAPLES, FL 34102

New Mailing Address:

FEI Number: 65-1016007 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATTS, RENITA
4850 ST. JAMES AVENUE
TITUSVILLE, FL 32780 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: DAVIS, RON
Address: 4850 ST. JAMES AVENUE
City-St-Zip: TITUSVILLE, FL 32780

Title: PD () Delete
Name: JOHNSON, JIM
Address: 4850 ST. JAMES AVENUE
City-St-Zip: TITUSVILLE, FL 32780

Title: VD () Delete
Name: STOWE, JOHN
Address: 4850 ST. JAMES AVENUE
City-St-Zip: TITUSVILLE, FL 32780

Title: STD () Delete
Name: HAYES, RICHARD
Address: 4850 ST. JAMES AVENUE
City-St-Zip: TITUSVILLE, FL 32780

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: WINTER, WAYNE
Address: 923 LYNN STREET
City-St-Zip: CLARKSDALE, MS 38614

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: HAYES, RICHARD L M.D.
Address: 4850 ST. JAMES AVENUE
City-St-Zip: TITUSVILLE, FL 32780

Title: MEM () Change (X) Addition
Name: KOHUT, NICHOLAS P
Address: 9801 GENTIAN LANE
City-St-Zip: KNOXVILLE, TN 37922

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON DAVIS

_____ Electronic Signature of Signing Officer or Director

CHAI

02/05/2004

_____ Date