

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000030871

Entity Name: PCIDC, INC.

FILED
Apr 10, 2008
Secretary of State

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: JOHNSTON, BOB
Address: PO BOX 169
City-St-Zip: HOUSTON, AR 72070

Title: PD () Delete
Name: RICHARD, HAYES L MD
Address: 32 EDGEWOOD
City-St-Zip: CABOT, AR 72023

Title: VD () Delete
Name: STOWE, JOHN
Address: 3906 BOBOLINK
City-St-Zip: OZARK, MO 65721

Title: STD () Delete
Name: RON, DAVIS
Address: 311 BOBWHITE
City-St-Zip: LONOKE, AR 72086

Title: MEM () Delete
Name: BRETHOWER, V DEAN
Address: 628 COMMERCIAL DRIVE
City-St-Zip: SPRINGFIELD, MO 65803

Title: MEM () Delete
Name: STOWE, MARAIN
Address: 3906 NORTH BOBOLINK
City-St-Zip: OZARK, MO 65721

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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City-St-Zip:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

STD

04/10/2008

Electronic Signature of Signing Officer or Director

_____ Date