

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000030871

Entity Name: PCIDC, INC.

FILED  
Feb 02, 2009  
Secretary of State

## Current Principal Place of Business:

4850 ST. JAMES AVENUE  
TITUSVILLE, FL 32780

## New Principal Place of Business:

2227 WEST MAIN STREET  
JACKSONVILLE, AR 72076

## 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: PD      (X) Change ( ) Addition  
Name: LOFTIN, RON  
Address: 7204 SHADY ACRES CIRCLE  
City-St-Zip: HENSLEY, AR 72065

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

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

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

Title: MEM      (X) Change ( ) Addition  
Name: FLANAGAN, STEVE  
Address: 2124 EAST EDGEWOOD  
City-St-Zip: SPRINGFIELD, MO 65804

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

02/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date