


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jan 18, 2007 10:08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000107350**  
 1. Entity Name  
**P.M. GILCHRIST, INC.**



Principal Place of Business 10848 54TH AVE. NORTH ST. PETERSBURG, FL 33708	Mailing Address 10848 54TH AVE. NORTH ST. PETERSBURG, FL 33708
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**DO NOT WRITE IN THIS SPACE**



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3682681	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

GILCHRIST, PAUL M  
 10848 54TH AVE. NORTH  
 ST. PETERSBURG, FL 33708

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees


000000591750  
 01/13/07-80035-019 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GILCHRIST, PAUL M 10848 54 AVE N SAINT PETERSBURG, FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MOTTOLA, DEBORAH J 10848 54 AVE N SAINT PETERSBURG, FL 33708
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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  Deborah J Mottola 1/10/07 727-319-2771