

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90398 033 ***150.00

DOCUMENT # P01000018892

1. Entity Name
PG REAL ESTATE, INC.



Principal Place of Business
3900 PINWOOD RD.
MELBOURNE, FL 32934

Mailing Address
3900 PINWOOD RD.
MELBOURNE, FL 32934

24030518



2. Principal Place of Business
5685 Lake Washington

3. Mailing Address
5685 Lake Washington

Suite, Apt. #, etc.
Road

Suite, Apt. #, etc.
Road

02192004

Chg-P

CR2E034 (10/03)

City & State
Melbourne, FL

City & State
Melbourne, FL

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip
32934

Country
Brevard

Zip
32934

Country
Brevard

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GEORGE, PATRICIA L
3900 PINWOOD RD.
MELBOURNE, FL 32934

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
5685 Lake Washington Road

City

Melbourne

FL

Zip Code
32934

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME GEORGE, PATRICIA L
STREET ADDRESS 3900 PINWOOD RD.
CITY-ST-ZIP MELBOURNE, FL 32934

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5685 Lake Washington Rd.
CITY-ST-ZIP Melbourne, FL 32934

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Patricia L. George

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-04

Date

Daytime Phone #