

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000030288

1. Entity Name
GO2 PBM SERVICES, INC.



Principal Place of Business
6950 BRYAN DAIRY RD.
LARGO, FL 33773

Mailing Address
6950 BRYAN DAIRY RD.
LARGO, FL 33773



02232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3703782

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SEKHARAM, KOTHA S
6950 BRYAN DAIRY RD.
LARGO, FL 33773

**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

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

000000073282
03/02/04-80029-011 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KOTHA, SEKHARAM 6950 BRYAN DAIRY LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO DORE-FALCONE, CAROL 6950 BRYAN DAIRY LARGO, FL 33777
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KotHA S G KHARAM 3/2/04 8448866