


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 08:00 AM
Secretary of State


DOCUMENT # P01000030288 1. Entity Name GO2 PBM SERVICES, INC.	
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Principal Place of Business 6950 BRYAN DAIRY RD. LARGO, FL 33773	Mailing Address 6950 BRYAN DAIRY RD. LARGO, FL 33773
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DO NOT WRITE IN THIS SPACE



01032006 No Chg-P CR2E034 (11/05)

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

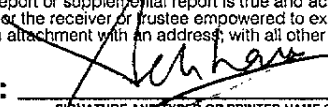
DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
Date 1/4/06 Daytime Phone # _____