

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

03-05-2004 90024 016 \*\*\*150.00

**DOCUMENT # P01000039166**

1. Entity Name  
**PWC FINANCIAL, INC.**



Principal Place of Business

**615 CRESCENT EXE CT  
LAKE MARY, FL 32746**

Mailing Address

**PO BOX 952709  
LAKE MARY, FL 32795**

2. Principal Place of Business

**200 Colonial Center Pkwy  
Suite 100**

3. Mailing Address

Suite, Apt. #, etc.



01062004

Chg-P

CR2E034 (10/03)

City & State

**Lake Mary, FL**

City & State

4. FEI Number

**65-1105859**

Applied For

Not Applicable

Zip

**32746**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**COSGROVE, JOHN F ESQ.**

**615 CRESCENT EX CT 100 200 Colonial Center Pkwy  
LAKE MARY, FL 32746 Suite 100**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

TITLE PD  
NAME PORTER, LANIER ☐ Delete  
STREET ADDRESS 10 NORTHEAST 18TH STREET  
CITY - ST - ZIP HOMESTEAD, FL 33030

TITLE VD  
NAME COSGROVE, JOHN F ☐ Delete  
STREET ADDRESS 201 WEST FLAGLER STREET  
CITY - ST - ZIP MIAMI, FL 33130

TITLE SD  
NAME WILLIAMS, DWANE ☐ Delete  
STREET ADDRESS 10 NORTHEAST 18TH STREET  
CITY - ST - ZIP HOMESTEAD, FL 33030

TITLE TD  
NAME PORTER, LEMAN ☐ Delete  
STREET ADDRESS 10 NORTHEAST 18TH STREET  
CITY - ST - ZIP HOMESTEAD, FL 33030

TITLE D  
NAME HUMPHREY, HAROLD ☐ Delete  
STREET ADDRESS 10 NE 18TH ST  
CITY - ST - ZIP HOMESTEAD, FL 33030

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS 200 Colonial Center Pkwy Suite 100  
CITY - ST - ZIP Lake Mary, FL 32746

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

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS Williams, Dwayne  
CITY - ST - ZIP 200 Colonial Center Pkwy Suite 100  
Lake Mary, FL 32746

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS 200 Colonial Center Pkwy Suite 100  
CITY - ST - ZIP Lake Mary, FL 32746

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS 200 Colonial Center Pkwy Suite 100  
CITY - ST - ZIP Lake Mary, FL 32746

TITLE NAME ☐ Change ☒ Addition  
STREET ADDRESS C.D.  
CITY - ST - ZIP Willis T. King, Jr.  
200 Colonial Center Pkwy Suite 100  
Lake Mary, FL 32746

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:


*Dwayne R. Williams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/6/04*  
Date

*407-444-5224*  
Daytime Phone #

Attachment 94025335

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # <b>P01000039166</b>			
1. Entity Name <b>PWC FINANCIAL, INC.</b>			
Principal Place of Business <b>615 CRESCENT EXE CT LAKE MARY, FL 32746</b>		Mailing Address <b>PO BOX 952709 LAKE MARY, FL 32795</b>	
2. Principal Place of Business <b>200 Colonial Center Pkwy</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>Suite 100</b>		Suite, Apt. #, etc.	
City & State <b>Lake Mary, FL</b>		City & State	
Zip <b>32746</b>	Country <b>USA</b>	Zip	Country
6. Name and Address of Current Registered Agent <b>COSGROVE, JOHN F ESQ. 615 CRESCENT EXE CT 100 LAKE MARY, FL 32746</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PORTER, LANIER 10 NORTHEAST 18TH STREET HOMESTEAD, FL 33030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>McDonald, Emily</b> <b>200 Colonial Center Pkwy Suite 100</b> <b>Lake Mary, FL 32746</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD COSGROVE, JOHN F 201 WEST FLAGLER STREET MIAMI, FL 33130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WILLIAMS, DWANE 10 NORTHEAST 18TH STREET HOMESTEAD, FL 33030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PORTER, LEMAN 10 NORTHEAST 18TH STREET HOMESTEAD, FL 33030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUMPHREY, HAROLD 10 NE 18TH ST HOMESTEAD, FL 33030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <b>Dwayne R. Williams</b>		1/6/04 407-444-5224	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

Pg. 2  
Additions to Directors