

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000039166

1. Entity Name
PWC FINANCIAL, INC.



Principal Place of Business

**200 COLONIAL CTR PKWY
STE 100
LAKE MARY, FL 32746 US**

Mailing Address

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



05302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1105859	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**VENDITTELLI, LOUIS V ESQ.
200 COLONIAL CTR PKWY, STE 100
LAKE MARY, FL 32746**

**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 \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PORTER, LANIER M 200 COLONIAL CTR PKWY STE 100 LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDONALD, EMILY R 200 COLONIAL CTR PKWY STE 100 LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMS, DWAYNE R 200 COLONIAL CTR PKWY STE 100 LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PORTER, LEMAN M 200 COLONIAL CTR PKWY STE 100 LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUMPHREY, HAROLD M 200 COLONIAL CTR PKWY STE 1010 LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KING, WILLIS T JR 200 COLONIAL CTR PKWY STE 100 LAKE MARY, FL 32746

U000000952469
06/04/08-80081-009 1100.00

**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:

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

5/30/08
Date

331-248-8106
Daytime Phone #