

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000040933

1. Entity Name
PCP MANAGEMENT SERVICES, INC.



Principal Place of Business
3839 CR 218
MIDDLEBURG, FL 32068

Mailing Address
3839 CR 218
MIDDLEBURG, FL 32068

DO NOT WRITE IN THIS SPACE



01102004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3712032

Applied
Not App

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOTOLAW, INC.
50 NORTH LAURA STREET
SUITE 2750
JACKSONVILLE, FL 32202

**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 am 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 D
NAME BURKHART, JEFF
STREET ADDRESS 3839 CR 218
CITY-ST-ZIP MIDDLEBURG, FL 32068

TITLE D
NAME CHANDLER, ZANDA
STREET ADDRESS 3839 CR 218
CITY-ST-ZIP MIDDLEBURG, FL 32068

TITLE D
NAME MOSLEY, CAROL
STREET ADDRESS 3839 CR 218
CITY-ST-ZIP MIDDLEBURG, FL 32068

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000005211
01/15/04-80043-025 150.00

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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)(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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Zanda M. Chandler*

1/10/04 904-282-6331 x