

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000063848

Entity Name: PLCTMV, INC.

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4456 BEACON DR  
SARASOTA, FL 34232

**New Principal Place of Business:**

**Current Mailing Address:**

4456 BEACON DR  
SARASOTA, FL 34232

**New Mailing Address:**

FEI Number: 27-3230697

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHAFFER, SHAWN  
4456 BEACON DR  
SARASOTA, FL 34232 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SHAFFER, SHAWN J  
Address: 4456 BEACON DR  
City-St-Zip: SARASOTA, FL 34232

Title: VD  
Name: SHAFFER, KRISTEN  
Address: 4456 BEACON DR  
City-St-Zip: SARASOTA, FL 34232

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHAWN SHAFFER

PD

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date