

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90106 036 ***150.00

DOCUMENT # P01000075398
 1. Entity Name
 PC ENTERPRISES OF SOUTHWEST FLORIDA, INC.



Principal Place of Business Mailing Address
~~9710 N GALLAGHER RD~~ ~~9710 N GALLAGHER RD~~
~~DOVER, FL 33527~~ ~~DOVER, FL 33527~~

44005563



2. Principal Place of Business 3. Mailing Address
 3226 SE 2ND AVE ← SAME
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01072004 Chg-P CR2E034 (10/03)

City & State City & State
 CAPE CORAL FL
 Zip Country Zip Country
 33904

4. FEI Number Applied For
 65-1126707 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee, Required

6. Name and Address of Current Registered Agent
~~MATASSA, PETER A~~
~~9710 N GALLAGHER RD~~
~~DOVER, FL 33527~~

7. Name and Address of New Registered Agent
 Name CURTIS COLBERT
 Street Address (P.O. Box Number is Not Acceptable)
 3226 SE 2ND AVE
 City CAPE CORAL FL Zip Code 33904

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: *Curtis Colbert* DATE: 1/7/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATASSA, PETER A 9710 N. GALLAGHER RD DOVER, FL 33527 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COLBERT, CURTIS COLBERT 3226 SE 2ND AVE CAPE CORAL, FL 33904 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MATASSA, PETER A 9710 N GALLAGHER RD DOVER, FL 33527 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MATASSA, PETER A 9710 N GALLAGHER RD DOVER, FL 33527 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Curtis Colbert* CURTIS COLBERT DATE: 1/7/04 239-470-3415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #