


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000094215 1. Entity Name P/R MANAGEMENT COMPANY, INC.						FILED 07 APR 23 PM 12: 39 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 7712 WEEPING WILLOW CIR SARASOTA, FL 34241				Mailing Address 7712 WEEPING WILLOW CIR SARASOTA, FL 34241			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		 03232007 Chg-P CR2E034 (12/06)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip Country		Zip Country					
4. FEI Number 65-1149965				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 COX, JACK S 9002 SE BRIDGE ROAD HOBE SOUND, FL 33455				7. Name and Address of New Registered Agent Name <u>COX, JACK S.</u> Street Address (P.O. Box Number is Not Acceptable) <u>11450 SE DIXIE HIGHWAY</u> <u>SUITE 104</u> City <u>HOBE SOUND</u> FL Zip Code <u>33455</u>			
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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <u>4-7-07</u>			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	SDT PHILLIPS, VIRGINIA L <input type="checkbox"/> Delete 7712 WEEPING WILLOW CIRCLE SARASOTA, FL 34241			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROACH, ALFRED R JR 7712 WEEPING WILLOW CIRCLE SARASOTA, FL 34241			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"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100101358291 05/03/07--01020--010 **\$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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 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: <u>Virginia L Phillips</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>4-15-07</u> Daytime Phone # <u>941 929 1286</u>			