

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90311 039 ***150.00

DOCUMENT # P01000094308

1. Entity Name
PGCC MANAGEMENT CO., INC.



Principal Place of Business
**3185 HORSESHOE DR. SOUTH
NAPLES, FL 34104**

Mailing Address
**3185 HORSESHOE DR. SOUTH
NAPLES, FL 34104**



01202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3752388	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BLOOM, KEN
3185 HORSESHOE DR. SOUTH
NAPLES, FL 34104**

**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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	DVST BLOOM, KEN E 3185 HORSESHOE DR. SOUTH NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLOOM, KEN E 3185 HORSESHOE DR. SOUTH NAPLES, FL 34104
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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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-04 Date (239) 649 6310 Daytime Phone #