


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P01722 1. Entity Name THE PENNSYLVANIA GROUP, INCORPORATED |  |
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| Principal Place of Business 515 SHOEMAKER ROAD KING OF PRUSSIA, PA 19406-3599 US | Mailing Address 515 SHOEMAKER ROAD KING OF PRUSSIA, PA 19406-0599 |
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DO NOT WRITE IN THIS SPACE



04082004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-2390363 | 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

BUFORD, ANTHONY JR
131 STINCAREE POINT
VERO BEACH, FL 32965

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BUFORD JR, ANTHONY A 515 SHOEMAKER ROAD KING OF PRUSSIA, PA |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BUFORD III, ANTHONY A 515 SHOEMAKER ROAD KING OF PRUSSIA, PA |
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____