

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90186 012 ***150.00

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04242006 Chg-P CR2E034 (11/05)

DOCUMENT # P02000037598 1. Entity Name PC DEVELOPMENT GROUP, INC.			
Principal Place of Business 223 EAST BEACH DR PANAMA CITY, FL 32401		Mailing Address 223 EAST BEACH DR PANAMA CITY, FL 32401	
2. Principal Place of Business 231 East Beach Drive Suite, Apt. #, etc.		3. Mailing Address 231 East Beach Drive Suite, Apt. #, etc.	
City & State Panama City, FL Zip Country 32401		City & State Panama City, FL Zip Country 32401	
4. FEI Number 04-3642435		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 DARRAH, JOHN W 225 E BEACH DR PANAMA CITY, FL 32401		7. Name and Address of New Registered Agent Name John W. Darrah Street Address (P.O. Box Number is Not Acceptable) 231 East Beach Drive City Panama City FL Zip Code 32401	
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 <small>Signature typed or printed name of registered agent and title, applicable.</small>		DATE 4/25/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	P DARRAH, JOHN W 223 E BEACH DRIVE PANAMA CITY, FL 32401	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DARRAH, JOHN W 231 East Beach Drive Panama City, FL 32401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" 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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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
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/25/06 850-784-3900 <small>Daytime Phone #</small>	