

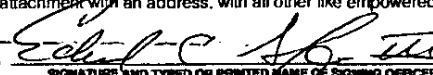


04 FEB 27 PM 3:48

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P02000042800</b>		
1. Entity Name PCFC HOLDINGS, INC.		
Principal Place of Business 5935 TOWER RD. LAND O'LAKES, FL 34639	Mailing Address 5935 TOWER RD. LAND O'LAKES, FL 34639	  02062004 No Chg-P CR2E034 (10/03)  4. FEI Number 04-3667875  5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  4. Applied For Not Applicable
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  REIBER, JACOB I 5935 TOWER RD. LAND O'LAKES, FL 34639		
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 if applicable. (NOTE: Registered Agent signature required when renewing)</small>		<b>DO NOT WRITE IN THIS SPACE</b>
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		300029526353 2/27/04--01045--002 **300.00
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIN, EDWARD C III 5935 TOWER RD. LAND O'LAKES, FL 34639	
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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: 		2/9/04 8139298022
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>