

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90090 032 \*\*\*150.00

**DOCUMENT # P02000059213**

1. Entity Name  
**PCH REALTY, INC.**



Principal Place of Business  
**2007 WEST DELEON STREET UNIT D  
TAMPA, FL 33606**

Mailing Address  
**2007 WEST DELEON STREET UNIT D  
TAMPA, FL 33606**

2. Principal Place of Business - No P.O. Box #  
**1528 Manor Way S.**

3. Mailing Address  
**1528 Manor Way S**

Suite, Apt. #, etc.

City & State  
**St. Petersburg, FL**

City & State  
**St. Petersburg, FL**

Zip  
**33705**

Country  
**Pinellas**

Zip  
**33705**

Country  
**Pinellas**

01192007 Chg-P CR2E034 (12/06)

4. FEI Number  
**46-0488839**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HIEBER, SHEILA  
400 N ASHLEY ST STE 3000  
TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name  
**Sheila Hieber**

Street Address (P.O. Box Number is Not Acceptable)

**1881 W. Kennedy Blvd**

City  
**Tampa**

**FL**

Zip Code  
**33606**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
**D**

NAME  
**HIEBER, PAUL C.**

STREET ADDRESS  
**2007 WEST DELEON STREET UNIT D**

CITY-ST-ZIP  
**TAMPA, FL 33606**

☐ Delete

TITLE  
**NAME**

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**Director**

NAME  
**Hieber, Paul C.**

STREET ADDRESS  
**1528 Manor Way S.**

CITY-ST-ZIP  
**St. Petersburg, FL 33705**

☒ Change ☐ Addition

TITLE  
**NAME**

STREET ADDRESS  
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☐ Change ☐ 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:**

*Paul C. Hieber*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/19/07**

Date

Daytime Phone #