


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90218 001 ***300.00

DOCUMENT # P02000063954

1. Entity Name
PCE MANAGEMENT, INC.



Principal Place of Business
**250 PARK AVE. SOUTH, SUITE 600
 WINTER PARK, FL 32789**

Mailing Address
**250 PARK AVE. SOUTH, SUITE 600
 WINTER PARK, FL 32789**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



02102004 Chg-P CR2E034 (10/03)

4. FEI Number
01-0713242

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

JASMUND, DAVID J
250 PARK AVE. SOUTH, SUITE 600
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARBON, NICHOLAS JR	
STREET ADDRESS	250 PARK AVE S, SUITE 600	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	D	<input type="checkbox"/> Delete
NAME	ECKBERT, JOHN	
STREET ADDRESS	250 PARK AVE S, SUITE 600	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	D	<input type="checkbox"/> Delete
NAME	JASMUND, DAVID	
STREET ADDRESS	250 PARK AVE S., SUITE 600	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	D	<input type="checkbox"/> Delete
NAME	POOLE, MICHAEL	
STREET ADDRESS	250 PARK AVE S, SUITE 600	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: David J. Jasmund 2/25/04 407-599-4966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #