

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000063954

Entity Name: PCE MANAGEMENT, INC.

FILED
Mar 22, 2006
Secretary of State

Current Principal Place of Business:

250 PARK AVE. SOUTH, SUITE 600
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

250 PARK AVE. SOUTH, SUITE 600
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 01-0713242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ECKBERT, JOHN H
Address: 250 PARK AVE S, SUITE 600
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: JASMUND, DAVID J
Address: 250 PARK AVE S., SUITE 600
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: POOLE, MICHAEL W
Address: 250 PARK AVENUE S., SUITE 600
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: BUCHANAN, ROBERT H
Address: 250 PARK AVENUE S., SUITE 600
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPS (X) Change () Addition
Name: ECKBERT, JOHN H
Address: 250 PARK AVE S, SUITE 600
City-St-Zip: WINTER PARK, FL 32789

Title: VPT (X) Change () Addition
Name: JASMUND, DAVID J
Address: 250 PARK AVE S., SUITE 600
City-St-Zip: WINTER PARK, FL 32789

Title: P (X) Change () Addition
Name: POOLE, MICHAEL W
Address: 250 PARK AVE S, SUITE 600
City-St-Zip: WINTER PARK, FL 32789

Title: VP (X) Change () Addition
Name: BUCHANAN, ROBERT H
Address: 250 PARK AVENUE S., SUITE 600
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID J. JASMUND

VPT

03/22/2006

Electronic Signature of Signing Officer or Director

_____ Date