2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 12, 2004 08:00 AM Secretary of State

| ANNUAL REPORT | | | | | Secretary of State | | | |
|--|--|--|-----------------------------|--|--------------------------|---------------------------------------|------------|--|
| 1. Entity Nan | | | | Seci | retary of Stau | E | | |
| P.G. MAI | NAGEMENT ASSOCIATES, | INC. | | | | | | |
| Principal Plac | ce of Business | Mailing Address | | _ | | • | | |
| 12164 TAM PUNTA GOR | iami trail Da, Fl 33955 | 12164 Tamiami Trail Punta Gorda, FL 33955 | | | | | | |
| | | • | - | The state of the s | | | | |
| | | | 01302004 | No Chg-P | CR2E034 (10/03) | - | | |
| | OO NOT WRITE | CE | 4. FEI Numb | | Applied F | | | |
| | | | | | e of Status Desired | \$8.75 Additional Fee Required | | |
| | 6. Name and Address of Current F | legistered Agent | | | | a | and the co | |
| YOUNG, JERRY T 12164 TAMIAMI TRAIL PUNTA GORDA, FL 33955 | | | | | NOT W | | | |
| | | | | IIV | THIS SF | ACE | | |
| 8. The above the obligat | e named entity submits this statement for tions of registered agent. | the purpose of changing its register | red office or register | ed agent, or bo | oth, in the State of Flo | rida. I am familiar with, and ac | cept | |
| SIGNATURE. | Signature, typed or printed name of registered agent ar | rd tille if applicable. (NOTE, Register | ed Agent signature required | when reinstating) | | DATE | - | |
| | .E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0 | ncing \$5. | .00 May Be ed to Fees | | | | | |
| 10. | OFFICERS AND D | DIRECTORS | | | 1 | · · · · · · · · · · · · · · · · · · · | | |
| TITLE | DPTV | | | | | | | |
| NAME STREET ADDRESS | YOUNG, JERRY T 12164 TAMIAMI TRAIL | | | | | | | |
| CITY-ST-ZIP | PUNTA GORDA, FL 33955 | U00000049309 | | | | • | | |
| TITLE | S | | | | - 02/13/04- | 80018-011 150.00 | į | |
| NAME | YOUNG, JERRY T | | 1 | | | | | |
| STREET ADDRESS CITY+ST-ZIP | 12164 TAMIAMI TRAIL | | i | | | | | |
| TITLE | PUNTA GORDA, FL 33955 | | | | | | | |
| NAME | | | | | | | | |
| STREET ADDRESS | | | | DO | NOT W | DITE | | |
| CITY-ST-ZIP | | | | טט | NOT W | RIIE | | |
| TITLE | | | | IN . | THIS SF | ACF | | |
| NAME STREET ADDRESS | | | | *** | | 710 <u>1</u> | | |
| CITY-ST-ZIP | | | | | | | | |
| TITLE | | | 1 | | | | | |
| NAME | | | | | | | | |
| STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | | | . | | | | | |
| TITLE | | | | | | | | |

12. I hereby certify that the information supplied with this filling 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: _

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-04 Date

Daytme Phone #