2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000109384

1. Entity Name
P II, INC.

Principal Place of Business	Mailing Address
9258 LAZY LANE TAMPA, FL 33614 US	9258 LAZY LANE TAMPA, FL 33614 US

02022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0338687

☐ Applied For
☐ Not Applicable

5. Effective Date or Status Desired ☐ **$8.75** Additional Fee Required

ENTERED

6. Name and Address of Current Registered Agent

PACHECO, PHIL
9258 LAZY LANE
TAMPA, FL 33614

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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: Kimberly Pacheco 3.1.06
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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	PACHECO, FELIPE A
STREET ADDRESS	9258 LAZY LANE
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	VP
NAME	KRUGMAN, PHIL
STREET ADDRESS	9258 LAZY LANE
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/17/06-80020-013 150.00

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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: Kimberly Pacheco 3.1.06 8139151432
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date Daytime Phone #