


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000115343 1. Entity Name PCG OF TAMPA, INC.	
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Principal Place of Business 8413 LAUREL FAIR CIRCLE SUITE 100 TAMPA, FL 33610	Mailing Address 8413 LAUREL FAIR CIRCLE SUITE 100 TAMPA, FL 33610
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05032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0530156	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

HAUGHEY, ROGER J II
100 S. ASHLEY DR.
SUITE 2150
TAMPA, FL 33602

**DO NOT WRITE
IN THIS SPACE**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEARSON, GLENN 8413 LAUREL FAIR CIRCLE, SUITE 100 TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FILA, IAN 8413 LAUREL FAIR CIR., STE 100 TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/05/05-80148-001 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/05 - 813-630-1017
Date Daytime Phone #