2008 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT DOCUMENT # P04000082631

1. Entity Name PC SCIENCE, INC.

Principal Place of Business

328

2690 CORAL LANDINGS BLVD

PALM HARBOR, FL 34684

Mailing Address

PO BOX 350

DUNEDIN, FL 34697

US

FILED May 05, 2008 08:00 AN Secretary of State



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05012008 No Chg-P CR2E034 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, JEFFREY R 2690 CORAL LANDINGS BLVD # 328 PALM HARBOR, FL 34684

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	named entity submits this statement for the plions of registered agent.	urpose of changing its registered of	fice or regi	istered agent, or both	n, in the S	tate of Flor	ida. I am fan	niliar with, and ac	scept
SIGNATURE	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Registered Age	ni signature rec	quired when reinstaling)	· . r	•	DATE		-
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.	, ;	\$5.00 May Be Added to Fees	-				1 .
10.	OFFICERS AND DIREC	CTORS						,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, JEFFREY R 2690 CORAL LANDINGS BLVD # 328 PALM HARBOR, FL 34684		-		. , . , <u>. , . U</u>	<u> </u>	3 <u>4724</u> 1	22 150.00	
TITLE NAME STREET ADDRESS CITY-SI-7IP	VP GALBRAITH, ANGEL L 2690 CORAL LANDINGS BLVD # 328 PAI M HARROR FL 34684				0670	2/08-(30005-0	22 150.00) `

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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.

er supp

SIGNATURE:

TITLE NAME STREET ADDRESS

NAME
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STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Jeffret R. Johnson

04/30/08

(727) 942-0272

Date

Daytime Phone #