

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P05000007380 1. Entity Name PBM GREENFIELD & ASSOCIATES, INC.					
Principal Place of Business 4432 GREENFIELD AVE SARASOTA, FL 34233			Mailing Address 4432 GREENFIELD AVE SARASOTA, FL 34233 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FID Number 01092006 Chg-P CR2E034 (11/05)				☐ Approved ☐ Did Approve	
5. Certificate of Status Document ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent MORLON, PETER Y 4432 GREENFIELD AVE SARASOTA, FL 34233	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State Zip				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 _____ 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 NAME STREET ADDRESS CITY-STATE-ZIP	P MORLON, PETER Y 4432 GREENFIELD AVE SARASOTA, FL 34233	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP MORLON, BARBARA P 4432 GREENFIELD AVE SARASOTA, FL 34233	☐ Delete
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11. ADDITIONAL CHANGES TO OFFICER, DIRECTOR, OR REGISTERED AGENT ☐ Change ☐ Add ☐ Delete					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 117, 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:  1-13-05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					