

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

1/2

FILED
Apr 01, 2008 8:00 am
Secretary of State

01-23-2008 90009 042 ***150.00

DOCUMENT# P05000137802	
1. Entity Name PT GLOBAL, INC.	



Principal Place of Business 224 E GARDEN ST. 251 PENSACOLA, FL 32502	Mailing Address PO BOX 2294 PENSACOLA, FL 32513
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66005539



01162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PIERCE, MICHAEL R 224 E. GARDEN ST. 251 PENSACOLA, FL 32502

**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 [Signature] (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 PIERCE, MICHAEL R PO BOX 2294 PENSACOLA, FL 32513
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP THOMPSON, BRIAN K PO BOX 2294 PENSACOLA, FL 32513
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**DO NOT WRITE
IN THIS SPACE**

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-08

Date

Deputy Phone #