


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000147240 1. Entity Name PC EMPLOYEES RECREATION ASSOC., INC.	
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Principal Place of Business POST OFFICE BOX 300 WHITE SPRINGS, FL 32096	Mailing Address POST OFFICE BOX 300 WHITE SPRINGS, FL 32096
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04152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3807697	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

HUNT, BILL
 303 NW LIVE OAK PLACE
 LAKE CITY, FL 32055

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: Anne Little - Anne Little DATE: 4/15/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

U00000713579
 04/26/07-80096-005 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUNT, BILL 303 NW LIVE OAK PL LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HIERS, HERB 6425 67TH RD LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LITTLE, ANNE 2174 SW LITTLE RD LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: Anne Little - Anne Little Date: 4/15/07 Daytime Phone #: 386-752-6553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR