


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000147240
 1. Entity Name
 PC EMPLOYEES RECREATION ASSOC., INC.



Principal Place of Business Mailing Address
 POST OFFICE BOX 300 POST OFFICE BOX 300
 WHITE SPRINGS, FL 32096 WHITE SPRINGS, FL 32096

U00000890625
 04/15/08-80069-001 150.00



DO NOT WRITE IN THIS SPACE

03302008 No Chg-P CR2E034 (11/05)

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

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

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-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	

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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.

SIGNATURE: Anne Little 3-31-08 386-752-6533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #