

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000015817

FILED
Jan 30, 2007
Secretary of State

Entity Name: PCM OF WEST FLORIDA, INC.

Current Principal Place of Business:

5523 WEST CYPRESS STREET
SUITE 103
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

5523 WEST CYPRESS STREET
SUITE 103
TAMPA, FL 33607

New Mailing Address:

FEI Number: 20-4254587 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CASTELLON, ARMANDO
5523 WEST CYPRESS STREET
SUITE 103
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PABOR, DAVID
Address: 1454 WINDJAMMER PLACE
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: CASTELLON, ARMANDO
Address: 553 JOHNS PASS AVE.
City-St-Zip: MEDEIRA BEACH, FL 33708

Title: D (X) Delete
Name: MEHLTRETTER, JAMES R
Address: 16124 4TH STREET EAST
City-St-Zip: REDINGTON BEACH, FL 33708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CASTELLON, ARMANDO A
Address: 553 JOHNS PASS AVE.
City-St-Zip: MADEIRA BEACH, FL 33708

Title: D (X) Change () Addition
Name: MEHLTRETTER, JAMES R
Address: 16124 4TH STREET EAST
City-St-Zip: REDINGTON BEACH, FL 33708

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARMANDO CASTELLON

VP

01/30/2007

Electronic Signature of Signing Officer or Director

_____ Date