

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000015817

FILED  
Mar 05, 2009  
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: CASTELLON, ARMANDO A  
Address: 553 JOHNS PASS AVE.  
City-St-Zip: MADEIRA BEACH, FL 33708

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify 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 A. CASTELLON

D

03/05/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date