

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90201 016 ***150.00

DOCUMENT # P06000044992



1. Entity Name
PCMJKM PROPERTIES, INC.

Principal Place of Business Mailing Address
C/O STEVE CLARK, 700 11TH ST. S. C/O STEVE CLARK, 700 11TH ST. S.
SUITE PH3 SUITE PH3
NAPLES, FL 34102 US NAPLES, FL 34102 US

00000101



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

01072007 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number 20-4591787 Applied For Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARK, STEVEN E
700 11TH ST. S.
SUITE PH3
NAPLES, FL 34102

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVP ☐ Delete
NAME MORSE, PHILIP C III
STREET ADDRESS C/O STEVE CLARK, 700 11TH ST. S., STE PH3
CITY-ST-ZIP NAPLES, FL 34102

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME MORSE, JANIS K
STREET ADDRESS C/O STEVE CLARK, 700 11TH ST. S., STE PH3
CITY-ST-ZIP NAPLES, FL 34102

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME CLARK, STEVEN E
STREET ADDRESS 700 11TH ST. S., STE PH3
CITY-ST-ZIP NAPLES, FL 34102

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Steven E. Clark

1-11-07

(239) 261-8022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #