

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000098419

**FILED**  
**Jan 19, 2011**  
**Secretary of State**

**Entity Name:** PGMC CONSULTING SERVICES, INC.

**Current Principal Place of Business:**

11265 WATER SPRINGS CIR.  
JACKSONVILLE, FL 32256 US

**New Principal Place of Business:**

**Current Mailing Address:**

11265 WATER SPRINGS CIR.  
JACKSONVILLE, FL 32256 US

**New Mailing Address:**

**FEI Number:** 26-3651798

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MCALISTER, PAUL G  
10119 CR 13 NORTH  
ST AUGUSTINE, FL 32092 US

**Name and Address of New Registered Agent:**

MCALISTER, PAUL G  
11265 WATER SPRING CIRCLE  
JACKSONVILLE, FL 32256 US

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

01/19/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MCALISTER, PAUL G  
Address: 11265 WATER SPRINGS CIR.  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: VP  
Name: MCALISTER, CATHY G  
Address: 11265 WATER SPRINGS CIR.  
City-St-Zip: JACKSONVILLE, FL 32256 US

I hereby 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 all other like empowered.

SIGNATURE: PAUL G MCALISTER

P

01/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date