

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000088575

**FILED**  
**Mar 27, 2011**  
**Secretary of State**

**Entity Name:** P.I. GROUP AND ASSOCIATES OF FLORIDA, INC.

**Current Principal Place of Business:**

634 HIBERNIA OAKS DRIVE  
FLEMING ISLAND, FL 32003 US

**New Principal Place of Business:**

**Current Mailing Address:**

634 HIBERNIA OAKS DRIVE  
FLEMING ISLAND, FL 32003 US

**New Mailing Address:**

**FEI Number:** 27-1192373

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PLOCHARCZYK, THOMAS  
5975 WILSON BOULEVARD  
SUITE 11  
JACKSONVILLE, FL 32210 US

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

PLOCHARCZYK, THOMAS  
3434 BLANDING BLVD  
UNIT 235  
JACKSONVILLE, FL 32210 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:** THOMAS PLOCHARCZYK

03/27/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** PLOCHARCZYK, THOMAS  
**Address:** 3434 BLANDING BLVD. UNIT 235  
**City-St-Zip:** JACKSONVILLE, FL 32210 US

**Title:** VP  
**Name:** PLOCHARCZYK, LEONARD  
**Address:** 634 HIBERNIA OAKS DRIVE  
**City-St-Zip:** FLEMING ISLAND, FL 32003 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:** THOMAS PLOCHARCZYK

MR.

03/27/2011

Electronic Signature of Signing Officer or Director

Date