

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000042180

FILED  
Mar 07, 2008  
Secretary of State

Entity Name: PTG MANAGEMENT COMPANY

## Current Principal Place of Business:

503 10TH ST W  
PALMETTO, FL 34221

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 806  
PALMETTO, FL 34220 US

## New Mailing Address:

FEI Number: 65-0428762      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HELLER, BILLY L JR  
503 10TH ST., WEST  
PALMETTO, FL 34221 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: VD ( ) Delete  
Name: HELLER, HARVEY R  
Address: 135 S NINTH ST  
City-St-Zip: WINTER GARDEN, FL 32878

Title: VD ( ) Delete  
Name: ESFORMES, JOSEPH  
Address: 503 10TH ST W  
City-St-Zip: PALMETTO, FL 34221

Title: PD ( ) Delete  
Name: ESFORMES, NATHAN J  
Address: 503 10TH ST W  
City-St-Zip: PALMETTO, FL 34221

Title: D ( ) Delete  
Name: FALK, HARRY  
Address: 135 S NINTH ST  
City-St-Zip: ORLANDO, FL 32878

Title: VPTS ( ) Delete  
Name: ESFORMES, ELIZABETH  
Address: 503 10TH STREET WEST  
City-St-Zip: PALMETTO, FL 34221

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ELIZABETH ESFORMES

VPTS

03/07/2008

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

\_\_\_\_\_  
Date