

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90218 044 ***150.00

DOCUMENT # P94000066561

1. Entity Name

**PROFESSIONAL MANAGEMENT CORPORATION OF
PINELLAS**



Principal Place of Business

**4958 RIDGEMOOR BLVD
PALM HARBOR FL 34685
US**

Mailing Address

**4958 RIDGEMOOR BLVD
PALM HARBOR FL 34685
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number **65-0529283**

Applied For

Not Applicable

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

**COOK, WILLIAM
3769 EMBASSY CIRCLE
PALM HARBOR FL 34685**

Name

COOK, WILLIAM

Street Address (P.O. Box Number is Not Acceptable)

1344 PARILLA CR.

City

TRINITY, FL

FL

Zip Code

34655

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-20-06

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **COOK, WILLIAM**
STREET ADDRESS **3769 EMBASSY CIRCLE**
CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE ☐ Delete
NAME **COOK, BONNIE C**
STREET ADDRESS **3769 EMBASSY CIRCLE**
CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **COOK, WILLIAM**
STREET ADDRESS **1344 PARILLA CR.**
CITY-ST-ZIP **TRINITY, FL 34655**

TITLE ☒ Change ☐ Addition
NAME **COOK, BONNIE C.**
STREET ADDRESS **1344 PARILLA CR.**
CITY-ST-ZIP **TRINITY, FL 34655**

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

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

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

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 Section 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-06 727-772-6323
Date Daytime Phone #