## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Jun 08, 2006 8:00 am **Secretary of State DOCUMENT # P96000042686** 06-08-2006 90001 016 \*\*\*150.00 1. Entity Name P & C MANAGEMENT SERVICES INC. Principal Place of Business Mailing Address 1555 MANOR ROAD 1555 MANOR ROAD ENGLEWOOD, FL 34223 ENGLEWOOD, FL 34223 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05032006 Chg-P CR2E034 (11/05) City & State 4. FEI Number Applied For City & State 65-0674386 Not Applicable Country Ζip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MEAD, GEOFFREY W Street Address (P.O. Box Number is Not Acceptable) 1555 MANOR ROAD ENGLEWOOD, FL 34223 Zip Code City 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 SIGNATURE Squature, typed or printed name of registered argent and title if applicable (NOTE: Registered Agent signature nequired when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition TITLE . Delete TITLE Change MEAD: GEOFFREY W NAME NAME STREET ADDRESS 1555 MANOR ROAD STREET ADDRESS CITY-ST-ZIP ENGLEWOOD, FL 34223 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE MEAD, LESLEY P MARKE NAME STREET ADDRESS 1555 MANOR ROAD STREET ADDRESS CITY-ST-ZIP ENGLEWOOD, FL 34223 CITY-ST-ZIP ~ Delete ITLE [ ] Change ☐ Addition TITLE HOLLAND, MICHAEL J NAME 2556 ELEVENTH ST STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP GROVE CITY, FL 34224 TITLE Change ☐ Addition Delete THILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 📆 Çhango, ☐ Addition Octete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 act with all other like empowered.

CITY-ST-ZIP

SIGNATURE: RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-78P

JUHE 300 ZOOG

1.475.1696

FILED