

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P97000006982

1. Entity Name  
PEM CONSULTING, INC.



Principal Place of Business  
17669 SE 88 COVINGTON CIR  
THE VILLAGES, FL 32162 US

Mailing Address  
17669 SE 88 COVINGTON CIR  
THE VILLAGES, FL 32162 US



01042007 No Chg-P CR2E034 (11/05)

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>59-3416982  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

MILLER, PAUL E  
17669 SE 88 COVINGTON CIR  
THE VILLAGES, FL 32162

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

|                |                           |
|----------------|---------------------------|
| TITLE          | D                         |
| NAME           | MILLER, PAUL E            |
| STREET ADDRESS | 17669 SE 88 COVINGTON CIR |
| CITY-ST-ZIP    | THE VILLAGES, FL 32162    |
| TITLE          | D                         |
| NAME           | MILLER, EFFIE M           |
| STREET ADDRESS | 17669 SE 88 COVINGTON CIR |
| CITY-ST-ZIP    | THE VILLAGES, FL 32162    |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |

**DO NOT WRITE  
IN THIS SPACE**

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04/24/07-80101-002 150.00

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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Paul E. Miller* PAUL E. MILLER 4/15/07 352-751-2565