

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000039254

FILED
Jan 14, 2004
Secretary of State

Entity Name: PCH & ASSOCIATES, INC.

Current Principal Place of Business:

216 CIRCLE DRIVE
SAINT SIMONS ISLAND, GA 31522 US

New Principal Place of Business:

360 SAN NICHOLAS WAY
SAINT AUGUSTINE, FL 32080 US

Current Mailing Address:

P O BOX 20350
SAINT SIMONS ISLAND, GA 31522 US

New Mailing Address:

FEI Number: 59-3448694 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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: VSD () Delete
Name: COFFEY, PAUL J
Address: P O BOX 1327
City-St-Zip: ST AUGUSTINE, FL 32080

Title: PTD () Delete
Name: PLOEGER, PAUL H
Address: P O BOX 20350
City-St-Zip: SAINT SIMONS ISLAND, GA 31522

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 for the exemption stated in Section 119.07(3)(i), 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: PAUL H PLOEGER

P

01/14/2004

Electronic Signature of Signing Officer or Director

Date