

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000090229

FILED  
Jan 08, 2004  
Secretary of State

Entity Name: PCLG, INC.

## Current Principal Place of Business:

8889 PELICAN BAY BLVD., #500  
NAPLES, FL 34108

## New Principal Place of Business:

## Current Mailing Address:

8889 PELICAN BAY BLVD., #500  
NAPLES, FL 34108

## New Mailing Address:

FEI Number: 65-0870386

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GALLAGHER, LISA K  
8889 PELICAN BAY BLVD., #500  
NAPLES, FL 34108

## Name and Address of New Registered Agent:

JOYCE, DAVID G  
8889 PELICAN BAY BLVD., #500  
NAPLES, FL 34108

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: DAVID G. JOYCE

01/08/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: SHERMAN, BRUCE S  
Address: 3003 TAMiami TRAIL NORTH  
City-St-Zip: NAPLES, FL 34103

Title: STD ( ) Delete  
Name: JOYCE, DAVID G  
Address: 3003 TAMiami TRAL N  
City-St-Zip: NAPLES, FL 34103

Title: VD ( ) Delete  
Name: POWERS, GREGG J  
Address: 3003 TAMiami TRAIL N  
City-St-Zip: NAPLES, FL 34103

## 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:

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: DAVID G. JOYCE

STD

01/08/2004

Electronic Signature of Signing Officer or Director

Date