

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90015 015 ***150.00

DOCUMENT # P98000090229

1. Entity Name
PCLG, INC.



Principal Place of Business
8889 PELICAN BAY BLVD., #500
NAPLES, FL 34108

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

60043236



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04012008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

65-0870386

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Name **CHAD ATKINS**
Street Address (P.O. Box Number is Not Acceptable) **8889 PELICAN BAY BLVD.**
Suite 500
City **NAPLES** FL Zip Code **34108**

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

4/30/08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME SHERMAN, BRUCE S
STREET ADDRESS 8889 PELICAN BAY BLVD
CITY-ST-ZIP NAPLES, FL 34108 ☐ Delete

TITLE STD
NAME JOYCE, DAVID G
STREET ADDRESS 8889 PELICAN BAY BLVD
CITY-ST-ZIP NAPLES, FL 34108 ☒ Delete

TITLE VD
NAME POWERS, GREGG J
STREET ADDRESS 8889 PELICAN BAY BLVD
CITY-ST-ZIP NAPLES, FL 34108 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE SD
NAME CHAD ATKINS
STREET ADDRESS 8889 PELICAN BAY BLVD. #500
CITY-ST-ZIP NAPLES, FL 34108 ☐ Change ☒ Addition

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

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

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

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

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, or in any other like empowered.

SIGNATURE:

Chad Atkins

CHAD ATKINS - CAO & C

4/30/08

(239) 254-2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #