

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000102942

Entity Name: P.M. ASSOCIATES, INC.

**FILED**  
**Mar 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6099 SHINN ROAD  
PORT ST LUCIE, FL 34987

**New Principal Place of Business:**

**Current Mailing Address:**

6099 SHINN ROAD  
PORT ST LUCIE, FL 34987

**New Mailing Address:**

FEI Number: 65-0881378

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARTIN, PERRY  
6099 SHINN ROAD  
PORT ST LUCIE, FL 34987 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MARTIN, PERRY  
Address: 6099 SHINN ROAD  
City-St-Zip: PORT ST LUCIE, FL 34987

I hereby 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 all other like empowered.

SIGNATURE: PERRY MARTIN

OWNE

03/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date