

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000025163

1. Entity Name
PMT, INC.



Principal Place of Business
9424 BAYMEADOWS RD.
100
JACKSONVILLE, FL 32256 US

Mailing Address
9424 BAYMEADOWS RD.
100
JACKSONVILLE, FL 32256 US



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3575487 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROLFE, LAWRENCE C ESQ.
720 BLACKSTONE BUILDING
JACKSONVILLE, FL 32202

**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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------|
| TITLE | P |
| NAME | ROLFE, LAWRENCE C |
| STREET ADDRESS | 720 BLACKSTONE BUILDING |
| CITY-ST-ZIP | JACKSONVILLE, FL 32202 |
| TITLE | DT |
| NAME | ROWLAND, CHARLES L |
| STREET ADDRESS | 8568 CROOKED TREE DR |
| CITY-ST-ZIP | JACKSONVILLE, FL 32256 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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03/18/06-80040-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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 CHARLES L. ROWLAND

3-6-06 904.737.8309