2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

RECEIVED
MAR 26 2004

DOCUMENT # P99000044107

1. Entity Name
PBOA, INC.

Principal Place of Business	Mailing Address
1800 2ND ST., STE. 909 SARASOTA, FL 34236	1800 2ND ST., STE. 909 SARASOTA, FL 34236

DO NOT WRITE IN THIS SPACE

03262004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0923856

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WOLFE, RANDOLPH J ESQ.
FOLEY & LARDNER
100 N. TAMPA STREET, SUITE 2700
TAMPA, FL 33602

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	HARRIS, G. WAYNE
STREET ADDRESS	1800 2ND ST., STE. 909
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	DVS
NAME	HARKAVY, JONATHAN
STREET ADDRESS	1501 WILSON BLVD., STE. 1110
CITY-ST-ZIP	ARLINGTON, VA 22209
TITLE	DP
NAME	ROGERS, MICHAEL T
STREET ADDRESS	1800 2ND ST., STE. 909
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	DV
NAME	INMAN, JACK C
STREET ADDRESS	1800 2ND ST., STE. 909
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	AS
NAME	BUSBY, JUNE
STREET ADDRESS	1800 2ND ST., STE. 909
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	VAS
NAME	ROY, PAMELA
STREET ADDRESS	3336 AIRPORT RD., STE. 201
CITY-ST-ZIP	BARRE, VT 05641

U00000104177
04/05/04-80083-016 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

X SIGNATURE: June Busby 3/26/04 941.955 0793 x307
June Busby G. Wayne Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #