


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P99000074211 1. Entity Name PCEL HOLDINGS, INC. |  |
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| Principal Place of Business 339 E 50TH JACKSONVILLE, FL 32208 | Mailing Address PO BOX 3143 JACKSONVILLE, FL 32206 |
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DO NOT WRITE IN THIS SPACE



01102008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-3595169 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

CARTER, PAULA
C/O E F LEA ELECTRICAL
339 E 50TH STREET
JACKSONVILLE, FL 32208

**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 reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000780965 01/15/08-80016-007 150.00 |
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10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP LEA, ERNEST L JR 6708 LINFORD LANE JACKSONVILLE, FL 32217 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S LEA, CARMEL B 6708 LINFORD LANE JACKSONVILLE, FL 32217 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP CARTER, PAULA L 8069 MOTES ROAD BRYCEVILLE, FL 32009 |
| 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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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: *Paula L Carter* **PAULA L CARTER, DVP** 1-10-08 904.355-7885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #