

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000074211

Entity Name: PCEL HOLDINGS, INC.

FILED  
Jan 15, 2009  
Secretary of State

## Current Principal Place of Business:

339 E 50TH  
JACKSONVILLE, FL 32208

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 3143  
JACKSONVILLE, FL 32206

## New Mailing Address:

FEI Number: 59-3595169

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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

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: PAULA L CARTER

01/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: LEA, ERNEST L JR  
Address: 6708 LINFORD LANE  
City-St-Zip: JACKSONVILLE, FL 32217

Title: S ( ) Delete  
Name: LEA, CARMEL B  
Address: 6708 LINFORD LANE  
City-St-Zip: JACKSONVILLE, FL 32217

Title: DVP ( ) Delete  
Name: CARTER, PAULA L  
Address: 8069 MOTES ROAD  
City-St-Zip: BRYCEVILLE, FL 32009

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAULA L CARTER

VP

01/15/2009

Electronic Signature of Signing Officer or Director

Date