

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000099841

1. Entity Name
PCM-GP, INC.



Principal Place of Business
3001 TAMIAMI TRAIL NORTH #207
NAPLES, FL 34103

Mailing Address
3001 TAMIAMI TRAIL NORTH #207
NAPLES, FL 34103



01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0969075

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PERKOVICH, JOSEPH I
3001 TAMIAMI TRAIL #207
NAPLES, FL 34103

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

U000000152597

**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

05/04/04-80091-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	DCP
NAME	COLLIER, MILES C
STREET ADDRESS	3001 TAMIAMI TRAIL #207
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	DVTS
NAME	PERKOVICH, JOSEPH I
STREET ADDRESS	3001 TAMIAMI TRAIL NORTH #207
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	DV
NAME	FLOOD, THOMAS J
STREET ADDRESS	3001 TAMIAMI TRAIL NORTH #207
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	AS
NAME	KURTYKA, DEBORAH L
STREET ADDRESS	3001 TAMIAMI TRAIL NORTH #207
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	AT
NAME	WALKER, SANDRA D
STREET ADDRESS	3001 TAMIAMI TRAIL NORTH #207
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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.

SIGNATURE: Deborah L. Kurtyka Asst. Secy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04 239-434-4079
Date Daytime Phone #