

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90246 040 ***150.00

DOCUMENT # V11510

1. Entity Name

PBS OF CENTRAL FLORIDA, INC.



Principal Place of Business

10105 DR. M.L.KING JR. ST. N.
SAINT PETERSBURG, FL 33716 US

Mailing Address

911 PANORAMA TR S
ROCHESTER, NY 14625 US

14009111



04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3101031

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	HILL, CRAIG
STREET ADDRESS	10105 DR. M.L.KING JR. ST. N.
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716
TITLE	STD
NAME	MORPHY, JOHN
STREET ADDRESS	911 PANORAMA TRAIL S
CITY-ST-ZIP	ROCHESTER, NY 14625
TITLE	V
NAME	TORTOELLA, ANTHONY
STREET ADDRESS	911 PANORAMA TRAIL S
CITY-ST-ZIP	ROCHESTER, NY 14625
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John N. Morphy

Date

4/1/05

Daytime Phone #

585-385-6444