## 2005 FOR PROFIT CORPORATION

SIGNATURE:

## Feb 28, 2005 8:00 am **Secretary of State ANNUAL REPORT** 02-28-2005 90235 015 \*\*\*150.00 DOCUMENT # V60711 1. Entity Name PMC NORTH AMERICA, INC. **50020636** Principal Place of Business Mailing Address 2060 34TH WAY N 2060 34TH WAY N LARGO, FL 33771 LARGO, FL 33771 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3139804 Not Applicable Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARPER, THOMAS L. Street Address (P.O. Box Number is Not Acceptable) 2060 34TH WAY N LARGO, FL 33771 City Zip Code 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 9. Election Campaign Financing ... \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PSTD** PVPSTD ☐ Addition TOTLE TITLE Change ☐ Delete HARPER, THOMAS L NAME NAME Harper, Thomas L. 2060 34TH WAY N STREET ADDRESS STREET ADDRESS 2060 34th Way N. LARGO, FL 33771 CITY-ST-ZIP CITY-ST-ZIP Largo, FL 33771 VP Delete TITLE ☐ Change ☐ Addition TICLE HARPER, JULIE NAME NAME 2060 34TH WAY N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO, FL 33771 CITY-ST-ZIP TITLE Delete Change | ☐ Addition TITLE NAME STREET\_ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TIT: F TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIFLE ☐ Defete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition Delete HAME NAME STREET ADDRESS STREET ADDRESS ECITY-ST-ZIP CITY-ST-ZIP 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.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED