


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2008 8:00 am
Secretary of State

07-10-2008 90016 002 ***550.00

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|--|---|
| DOCUMENT # 403382 1. Entity Name PACER, INC. |  |
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| Principal Place of Business 1800 4TH ST N ST. PETERSBURG, FL 33704 | Mailing Address 1800 4TH ST N ST. PETERSBURG, FL 33704 |
|--|--|

DO NOT WRITE IN THIS SPACE

40110192


07072008 No Chg-P CR2E034 (11/05)

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|------------------------------------|-------------------------------|
| 4. FEI Number 59-1414145 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

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| 6. Name and Address of Current Registered Agent TREVOR T. GRUBBS 1800 4TH STREET NORTH ST PETERSBURG, FL 33704 |
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**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

| | |
|--|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|------------------------------------|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GRUBBS, TREVOR T 1800 4TH STREET NORTH ST PETERSBURG, FL 33704 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S GRUBBS, CLAIRE 6801 B 16TH ST., N.E. ST PETERSBURG, FL 33704 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| 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 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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR