

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F99000003205

1. Entity Name
PPM CONSULTANTS, INC.



Principal Place of Business
2508 TICHEL ROAD
MONROE, LA 71202

Mailing Address
5555 BANKHEAD HIGHWAY
BIRMINGHAM, AL 35210 US

DO NOT WRITE IN THIS SPACE

FILED
Jun 23 2008 08:00 AM
ENTERED
Secretary of State
JUN 04 2008
By 133575
RPO



06032008 No Chg-P CR2E034 (11/05)

4. FEI Number
72-1256279

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301

**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 \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME PYRON, KEITH D
STREET ADDRESS 26519 ROLLING RIDGE DRIVE
CITY-ST-ZIP ROBERTSDALE, AL 36567

TITLE VP
NAME MCCOWN, MICHAEL D
STREET ADDRESS 7985 COUNTY HWY 27
CITY-ST-ZIP SPRINGVILLE, AL 35146

TITLE S
NAME PERRY, L. TODD
STREET ADDRESS 702 HODGE WATSON
CITY-ST-ZIP CALHOUN, LA 71225

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000953313
06/23/08-80001-009 550.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-3-08

Date

255-836-5650

Daytime Phone #