2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # 506918

1. Entity Name
PDR CERTIFIED PUBLIC ACCOUNTANTS, INC.

Principal Place of Business	Mailing Address
29750 U.S. 19 N., SUITE 101 CLEARWATER, FL 33761-1530	29750 U.S. 19 N., SUITE 101 CLEARWATER, FL 33761-1530

DO NOT WRITE IN THIS SPACE

05022008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1687531
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PRICE, WILLIAM E
29750 U.S. 19 N., SUITE 101
CLEARWATER, FL 33761-1530

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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. ☐ **$5.00** May Be Added to Fees

U00000947482
06/02/08-80017-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PRICE, WILLIAM E
STREET ADDRESS	29750 US HWY 19 N #101
CITY-ST-ZIP	CLEARWATER, FL 337611530
TITLE	S
NAME	MATTEI, KIMBERLY A.
STREET ADDRESS	29750 U.S. 19 N., SUITE 101
CITY-ST-ZIP	CLEARWATER, FL 337611530
TITLE	V
NAME	NANCY M RIDENOUR
STREET ADDRESS	29750 U.S. 19 N., SUITE 101
CITY-ST-ZIP	CLEARWATER, FL 337611530
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Kimberly A. Mattei 4/30/08 727-785-4447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #