

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # 382984

1. Entity Name  
PPFCD, CORP.



**FILED**  
**Jan 19, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business  
480 A1A BEACH BLVD  
ST AUGUSTINE BEACH, FL 32080-6341 US

Mailing Address  
2120 COUNTRY CLUB ROAD S  
MELBOURNE, FL 32901-5322 US



**DO NOT WRITE IN THIS SPACE**

01072005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-1351783

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SAMPLE, PERRY M  
2120 COUNTRY CLUB, RD. S.  
MELBOURNE, FL 32901

**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	STD
NAME	SAMPLE, PERRY M
STREET ADDRESS	2120 COUNTRY CLUB, RD. S.
CITY-ST-ZIP	MELBOURNE, FL
TITLE	PD
NAME	SAMPLE, SONYA E.
STREET ADDRESS	2120 COUNTRY CLUB RD S
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000185216  
01/21/05-80006-007 158.75

**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: \_\_\_\_\_

Perry M Sample

January 05 2005

904 471-3101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #