

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # 382984

1. Entity Name  
PPFCD, CORP.



**FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**

03-22-2007 90005 030 \*\*\*158.75

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



03022007 No Chg-P CR2E034 (11/05)

4. FEI Number

59-1351783

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

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, 2007 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	

**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:**

*Perry M Sample*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Perry M Sample

Feb. 28, 2007

904 460-0511

Date

Daytime Phone #