

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

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

03-22-2007 90005 030 ***158.75

DOCUMENT # 382984	
1. Entity Name PPFCD, CORP.	

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
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DO NOT WRITE IN THIS SPACE



03022007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1351783	Applied For Not Applicable
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

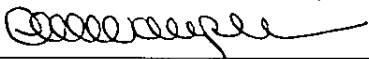
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SAMPLE, PERRY M 2120 COUNTRY CLUB, RD. S. MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SAMPLE, SONYA E. 2120 COUNTRY CLUB RD S MELBOURNE, FL 32901
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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Perry M Sample

Feb. 28, 2007 904 460-0511
Date Daytime Phone #