


**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  
**29750 U.S. 19 N., SUITE 101  
CLEARWATER, FL 33761-1530**

Mailing Address  
**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**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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**

000000947482  
06/02/08-80017-002 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRICE, WILLIAM E 29750 US HWY 19 N #101 CLEARWATER, FL 337611530
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MATTEI, KIMBERLY A. 29750 U.S. 19 N., SUITE 101 CLEARWATER, FL 337611530
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NANCY M RIDENOUR 29750 U.S. 19 N., SUITE 101 CLEARWATER, FL 337611530
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:** Kimberly A. Mattei **4/30/08** **727-785-4447**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #