

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F05000001023

1. Entity Name
PD RECOVERY, INC.



Principal Place of Business
1436 LANCASTER AVE, STE 310
BERWYN, PA 19312

Mailing Address
1436 LANCASTER AVE, STE 310
BERWYN, PA 19312

FILED
Mar 29, 2007 08:00 AM
Secretary of State



03202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-2717097

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
WEISS, JEFFREY A
1436 LANCASTER AVE, STE 310
BERWYN, PA 19312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GAYHARDT, DONALD F
1436 LANCASTER AVE, STE 310
BERWYN, PA 19312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
SOKOLOWSKI, PETER J
1436 LANCASTER AVE, STE 310
BERWYN, PA 19312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000681992
04/04/07-80068-021 150.00

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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: _____

Peter J. Sokolowski Peter J. Sokolowski

3-20-07 (610) 296-3400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #