

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90017 001 ***150.00

DOCUMENT # H31449

1. Entity Name

PDM INVESTMENTS INC



DO NOT WRITE IN THIS SPACE

40036787

2. Principal Place of Business

% Paul D. Miranda

3. Mailing Address

2117 N E 6th Place

Suite, Apt. #, etc.

2117 N E 6th Place

Suite, Apt. #, etc.

City & State

Ocala, Fl

City & State

Ocala, Fl

Zip

34470

Country

US

Zip

34470

Country

US

4. FEI Number

59-2471683

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E034B (8/05)

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Miranda, Paul D.

Street Address (P.O. Box Number is Not Acceptable)

2117 N E 6th Place

Ocala, Fl 34470

City

Ocala, Fl

FL

Zip Code

34470

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME Miranda, Paul D.
STREET ADDRESS 2117 N E 6th Place
CITY-ST-ZIP Ocala, Fl 34470

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST
NAME Miranda, Julie E.
STREET ADDRESS 2117 N E 6th Place
CITY-ST-ZIP Ocala, Fl; 34470

TITLE
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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 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 on an attachment with an address, with any other like empowered.

SIGNATURE:

Paul D. Miranda

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/06

Date

352-368-2200

Daytime Phone #