

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N95000003314

1. Entity Name
**THE PROFESSIONAL DECAL APPLICATION
ASSOCIATION, INC.**



Principal Place of Business
**C/O NATHAN FRANZBLAU
2202 NORTH MAIN STREET
JACKSONVILLE, FL 32206**

Mailing Address
**C/O NATHAN FRANZBLAU
2202 NORTH MAIN STREET
JACKSONVILLE, FL 32206**



03312008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3341777

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**AKEL, DANIEL D
2301 INDEPENDENT SQUARE
JACKSONVILLE, FL 32202**

**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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MOORE, RON
STREET ADDRESS	104 BELL PARKWAY
CITY-STATE-ZIP	WOODSTOCK, GA 30188
TITLE	PTD
NAME	FRANZBLAU, NATHAN
STREET ADDRESS	2202 NORTH MAIN STREET
CITY-STATE-ZIP	JACKSONVILLE, FL 32206
TITLE	D
NAME	CARTHEY, JOHN
STREET ADDRESS	3902 HIGH PINES
CITY-STATE-ZIP	HOUSTON, TX 77068
TITLE	SD
NAME	FORD, GREG
STREET ADDRESS	4373 LACOSA AVE.
CITY-STATE-ZIP	FREMOUNT, CA 94536
TITLE	D
NAME	NELSON, TOM
STREET ADDRESS	8660 HIGHWAY 7 P.O. BOX 160
CITY-STATE-ZIP	ST. BONIFACIUS, MN 55375
TITLE	VD
NAME	MCMULLEN, GENE
STREET ADDRESS	833 WOOSTER ROAD N.
CITY-STATE-ZIP	BARBARTON, OH 442031664

**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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all under the empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/08