

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # P00000101532

1. Entity Name
PERSONAL DEVELOPMENT SYSTEMS, INC.



Principal Place of Business
**118 SEA MARSH ROAD
AMELIA ISLAND, FL 32034 US**

Mailing Address
**118 SEA MARSH ROAD
AMELIA ISLAND, FL 32034 US**



04252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3698841

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COTTLE, STAN
118 SEA MARSH ROAD
AMELIA ISLAND, FL 32034**

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000754469
05/22/07-80062-017 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME COTTLE, STAN
STREET ADDRESS 118 SEA MARSH ROAD
CITY-ST-ZIP AMELIA ISLAND, FL 32034

TITLE STD
NAME TILTON, THEODORE L
STREET ADDRESS 1031 PARKVIEW DRIVE
CITY-ST-ZIP ROCHELLE, IL 61068

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 by 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: Stanley H. Cottle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STANLEY H. COTTLE, PRESIDENT

4/30/07

Date

904-476-4302

Daytime Phone #