

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90069 008 \*\*\*158.75

**DOCUMENT # P00000113965**

1. Entity Name  
PDC NETWORK CORP.



Principal Place of Business

15511 N FLORIDA AVE  
SUITE D  
TAMPA, FL 33613

Mailing Address

15511 N FLORIDA AVE  
SUITE D  
TAMPA, FL 33613

**DO NOT WRITE IN THIS SPACE**



02112008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3686594

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

IEZZI, ALAN J  
15511 N FLORIDA AVE  
SUITE D  
TAMPA, FL 33613

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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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME IEZZI, ALAN J  
STREET ADDRESS 15511 N FLORIDA AVENUE, STE D  
CITY-ST-ZIP TAMPA, FL 33613

TITLE VP  
NAME CONNLEY, GEORGE  
STREET ADDRESS 15511 N. FLORIDA AVE. SUITE D  
CITY-ST-ZIP TAMPA, FL 33613

TITLE S  
NAME LUMIA, JAMES  
STREET ADDRESS 15511 N FLORIDA AVE STE D  
CITY-ST-ZIP TAMPA, FL 33613

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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 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:**

*Alan J. IZZI* President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/08  
Date

813-908-8700  
Daytime Phone #