## 2007 FOR PROFIT CORPORATION

## Apr 23, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P02000094744** 04-23-2007 90059 045 \*\*\*150.00 1. Entity Name PDA DEVELOPMENT, INC. Principal Place of Business Mailing Address 3600 NW 43RD ST. 213 SW 132ND TER SUITE E-2 NEWBERRY, FL 32669 GAINESVILLE, FL 32606 03292007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 56-2290418 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent D'ALTO, PAUL DO NOT WRITE 213 SW 132ND TER NEWBERRY, FL 32669 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PDS NAME D'ALTO, PAUL STREET ADDRESS 213 SW 132ND TER CITY+ST-ZIP NEWBERRY, FL 32669 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**FILED** 

Daytime Phone #