

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT.**

FILED
May 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000098550

1. Entity Name
PDLCC, INC.



Principal Place of Business
405 E. MERRITT ISLAND CSWY
MERRITT ISLAND, FL 32952

Mailing Address
405 E. MERRITT ISLAND CSWY
MERRITT ISLAND, FL 32952



05082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1644424

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MURTHA, BRIAN J
7640 WICKHAM ROAD, #121
MELBOURNE, FL 32940

**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 \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME KIMPLE, JEFFREY L
STREET ADDRESS 405 E. MERRITT ISLAND CSWY
CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE VP
NAME SHUMWAY, TODD
STREET ADDRESS 405 E. MERRITT ISLAND CSWY
CITY-ST-ZIP MERRITT ISLAND, FL 32952

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05/12/05-80006-004 275.00

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jeffrey L. Kimple 5/9/05 (321) 779-0500