

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

mc  
**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000098550**

1. Entity Name  
PDLOC, 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



04242006 No Chg-P CR2E034 (11/05)

**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 \$150.00**  
**After May 1, 2006 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 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000551167  
05/13/06-80089-009 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/06 (301) 454-7284