

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000119224

Entity Name: PHD SALES ,INC.

**FILED**  
**Jan 25, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

4120 MOURNING DOVE CT.  
MELBOURNE, FL 32934

## **New Principal Place of Business:**

7760 S. TROPICAL TRAIL  
MERRITT ISLAND, FL 32952

## **Current Mailing Address:**

4120 MOURNING DOVE CT.  
MELBOURNE, FL 32934

## **New Mailing Address:**

7760 S. TROPICAL TRAIL  
MERRITT ISLAND, FL 32952

FEI Number: 20-0356609

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

DENICK, PAMELA  
4120 MOURNING DRIVE  
MELBOURNE, FL 32934 US

## **Name and Address of New Registered Agent:**

DENICK, PAMELA  
7760 S. TROPICAL TRAIL  
MERRITT ISLAND, FL 32952 US

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.

SIGNATURE: PAMELA DENICK

01/25/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: PRES  
Name: DENICK, PAMELA  
Address: 7760 S. TROPICAL TRAIL  
City-St-Zip: MERRITT ISLAND, FL 32952

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAMELA DENICK

PRES

01/25/2010

Electronic Signature of Signing Officer or Director

Date