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Feb 08, 2007 8:00 am  
Secretary of State

02-08-2007 90056 031 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000119415

1. Entity Name  
PMD&D MARKETING, INC.



40012344

Principal Place of Business  
12753 75TH LN N  
W PALM BCH, FL 33412

Mailing Address

12753 75TH LN N  
W PALM BCH, FL 33412

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

01302007 Chg-P CR2E034 (12/06)

4. FEI Number  
20-0802473

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

Name

DALEY, CEPHAS P  
12753 75TH LN N  
W PALM BCH, FL 33412

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 renewing)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT  
NAME DALEY, CEPHAS P  
STREET ADDRESS 12753 75TH LN N  
CITY-ST-ZIP W PALM BCH, FL 33412

Delete

Change  Addition

TITLE DV  
NAME DALEY, MARCENE Y  
STREET ADDRESS 12753 75TH LN N  
CITY-ST-ZIP W PALM BCH, FL 33412

Delete

Change  Addition

TITLE DS  
NAME DALEY, DAMIAN D  
STREET ADDRESS 12753 75TH LN N  
CITY-ST-ZIP W PALM BCH, FL 33412

Delete

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

Change  Addition

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:

*slay*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01 30 07

(904) 744-0660

Date

Daytime Phone #