2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000103213

1. Entity Name

PRODUCT DEVELOPMENT CONSULTANTS, INC.



FILED
Jan 24, 2008 08:00 AN
Secretary of State

Principal Place of Business

7041 N SERENOA DR SARASOTA, FL 34241 Mailing Address

7041 N SERENOA DR SARASOTA, FL 34241



01172008

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-1354148

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

CETRULO, GIGI 7041 N SERENOA DR SARASOTA, FL 34241

DO NOT WRITE IN THIS SPACE

SARASOT	TA, FL 34241			THIS SPACE
8. The above the obligar	e named entity submits this statement for the pations of registered agent.	ourpose of changing its register	·	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	d applicable (NOTE: Registere	d Agent signature required when reinstating)	DATE
	LE NOW!!! FEE IS \$150.00 lay 1, 2008 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.		
10.	OFFICERS AND DIREC	CTORS		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CETRULO, GIGI 7041 N SERENOA DR SARASOTA, FL 34241			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP	•			THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME				

12. Thereby certify that the information supplied with this filling 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

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/17/08

941)923-1796