2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008
Secretary of State

DOCUMENT# P04000155673

Entity Name: PDG SERVICES, INC.

Current Principal Place of Business:

1550 CEDAR ST.
NICEVILLE, FL 32578 US

New Principal Place of Business:

Current Mailing Address:

1550 CEDAR ST.
NICEVILLE, FL 32578 US

New Mailing Address:

FEI Number: 86-1121714 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CROZIER, PAULA R
1550 CEDAR ST.
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: S/T ( ) Delete
Name: CROZIER, PAULA R SEC/TRE
Address: 1550 CEDAR ST.
City-St-Zip: NICEVILLE, FL 32578 US

Title: PD ( ) Delete
Name: CROZIER, DONALD E PD
Address: 1550 CEDAR ST.
City-St-Zip: NICEVILLE, FL 32578 US

Title: VP ( ) Delete
Name: HAMBLIN, GUY F VP
Address: 780 BRYN MAWR BLVD.
City-St-Zip: MARY ESTHER, FL 32569 US

Title: VP ( ) Delete
Name: EKSTROM, MICHAEL F VP
Address: 814 LOBLOLLY COURT
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VP ( ) Delete
Name: CROZIER, QUINTIN L VP
Address: 521 LAKEVIEW STREET
City-St-Zip: MARY ESTHER, FL 32569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: CROZIER, QUINTIN L VP
Address: 816 TANAGER ROAD #6
City-St-Zip: FORT WALTON BEACH, FL 32547

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAULA R. CROZIER S/T 01/18/2008

Electronic Signature of Signing Officer or Director Date