

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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DOCUMENT # P05000048635

1. Entity Name
PDOK, INC.



FILED

2006 SEP 18 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
8701 28 TH ST CIRCLE EAST
PARRIS FL 34219

Mailing Address
8701 28 TH ST CIRCLE EAST
PARRIS FL 34219

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E034 (4/06)

4. FEI Number

20-2600018

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INCORPORATE USA, INC.
3150 SANDY RIDGE DR
CLEARWATER FL 33761

Name

Peter O'Keefe

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

8701 28th St Circle East

City

Parrish

FL

Zip Code

34219

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

Peter O'Keefe

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/12/06

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 6, 2006

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P,T ☐ Delete
NAME OKEEFE, PETER
STREET ADDRESS 8701 28 TH CR EAST
CITY-ST-ZIP PARRISH FL 34219

TITLE VP, ☐ Delete
NAME OKEEFE, DAWN
STREET ADDRESS 8701 28 TH ST CIRCLE EAST
CITY-ST-ZIP PARRISH FL 34219

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Peter O'Keefe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-12-06 941-915-8878

Date

Daytime Phone if

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September 12, 2006

To Whom It May Concern:

I am writing this letter because I had not previously received any information regarding renewal for my corporation. This is my first year incorporated and was unaware of the yearly renewal process. Enclosed is a check for \$158.75. I was told by a customer service agent at (850) 245-6056 to enclose this letter with my payment.

Sincerely,

A handwritten signature in black ink, appearing to read "Peter M. O'Keefe", with a long horizontal flourish extending to the right.

Peter M. O'Keefe, President
PDOK Inc.