

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000150650

1. Entity Name  
PARD CONSULTING SERVICES, INC.



Principal Place of Business  
2827 15TH AVENUE NORTH  
ST PETERSBURG, FL 33713-5521

Mailing Address  
2827 15TH AVENUE NORTH  
ST PETERSBURG, FL 33713-5521

**FILED**  
**Jul 14, 2008 08:00 AM**  
**Secretary of State**



07082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
22-3918215

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

LOWTHER, ROBERT D  
2827 15TH AVENUE NORTH  
ST. PETERSBURG, FL 33713-5521

**DO NOT WRITE  
IN THIS SPACE**

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

*R. D. Lowther*

(NOTE: Registered Agent signature required when reinstating)

7/14/08

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
LOWTHER, ROBERT D  
2827 15TH AVENUE NORTH  
ST PETERSBURG, FL 337135521

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
LOWTHER, ALICIA B  
2827 15TH AVENUE NORTH  
ST PETERSBURG, FL 337135521

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000954731  
07/14/08-80013-016 550.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Alicia B. Lowther* ALICIA LOWTHER 7/11/08 727-644-3580

Date

Daytime Phone #