

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18034

Entity Name: PDI REALTY, INC.

FILED  
Apr 06, 2005  
Secretary of State

## Current Principal Place of Business:

40 ROYAL DUBLIN DRIVE  
PINEHURST, NC 28374

## New Principal Place of Business:

86 SO. SEWALLS PT RD  
STUART, FL 34996

## Current Mailing Address:

40 ROYAL DUBLIN DRIVE  
PINEHURST, NC 28374

## New Mailing Address:

86 SO. SEWALLS PT RD  
STUART, FL 34996

FEI Number: 54-1201188

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALEXANDER, SALLIE S.  
86 S SEWALL'S POINT ROAD  
STUART, FL 34996 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: PD ( ) Delete  
Name: POINTS, PATRICIA SUE, S.  
Address: 40 ROYAL DUBLIN DRIVE  
City-St-Zip: PINEHURST, NC 28374

Title: STD ( ) Delete  
Name: STAPLETON, BRUCE M.,  
Address: 3526 FAIROAKS LANE  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: VD ( ) Delete  
Name: ALEXANDER, SALLIE S.,  
Address: 86 S SEWALL'S POINT ROAD  
City-St-Zip: STUART, FL 34996

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ALEXANDER, SALLIE S  
Address: 86 SO. SEWALLS PT RD  
City-St-Zip: STUART, FL 34996

Title: STD (X) Change ( ) Addition  
Name: STAPLETON, BRUCE M  
Address: 3526 FAIROAKS LANE  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: VD (X) Change ( ) Addition  
Name: POINTS, SUSIE S  
Address: 40 ROYAL DUBLIN DR.  
City-St-Zip: PINEHURST, NC 28374

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SALLIE S. ALEXANDER

PD

04/06/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date