

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90011 023 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P95000015036**

1. Entity Name  
**PDM TRANSPORT, INC.**



Principal Place of Business  
**511 MULBERRY ST  
COLEMAN, FL 33521 US**

Mailing Address  
**PO BOX 1069  
COLEMAN, FL 33521**

**54037428**



02182004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3299413**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

**MCLAUGHLIN, PATRICK  
511 MULBERRY STREET  
COLEMAN, FL 33521**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/12/04**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MCLAUGHLIN, PATRICK
STREET ADDRESS	P O BOX 1586
CITY-ST-ZIP	BELLEVUE, FL 34421
TITLE	SIT
NAME	mclaughlin, Donna P.
STREET ADDRESS	P.O. Box 1586
CITY-ST-ZIP	Bellevue, FL 34421
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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

Date

Daytime Phone #

**3/12/04**