2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000015036

1. Entity Name
PDM TRANSPORT, INC.

Principal Place of Business	Mailing Address
511 MULBERRY ST COLEMAN, FL 33521 US	PO BOX 1069 COLEMAN, FL 33521

DO NOT WRITE IN THIS SPACE

03172005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3299413	Not Applicable

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

6. Name and Address of Current Registered Agent

MCLAUGHLIN, PATRICK
511 MULBERRY STREET
COLEMAN, FL 33521

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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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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	BELLEVIEW, FL 34421
TITLE	ST
NAME	MCLAUGLIN, DONNA P
STREET ADDRESS	P.O. BOX 1586
CITY-ST-ZIP	BELLEVIEW, FL 34421
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	

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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: _Donna C McLaugh_   3/25/05   352-748-3482

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #