

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000015102**

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



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

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



03302006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3299416</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**MCLAUGHLIN, PATRICK  
511 MULBERRY ST  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MCLAUGHLIN, PATRICK
STREET ADDRESS	PO BOX 1586
CITY-ST-ZIP	BELLEVIEW, FL 34421

TITLE	ST
NAME	MCLAUGHLIN, DONNA P
STREET ADDRESS	PO BOX 1586
CITY-ST-ZIP	BELLEVIEW, FL 34421

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/27/06-00002-016 150.00

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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:** *Donna P. McLaughlin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #