

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000078734	
1. Entity Name PDK OF LAKE COUNTY, INC.	

Principal Place of Business 3001 HWY 19A MT DORA, FL 32757 US	Mailing Address 3001 HWY 19A MT DORA, FL 32757 US
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DO NOT WRITE IN THIS SPACE



03012006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3467756	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LOWRY, ARCHIE O JR.
POTTER, CLEMENT AND LOWRY
308 E. 5TH AVE.
MOUNT DORA, FL 32757

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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 resigning) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABRAHAMSON, PAUL 38420 TIMBERLAND DR. UMATILLA, FL 32785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGRATH, KENNETH J 1755 MORNINGSID DR. MOUNT DORA, FL 32757
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03/17/06-80003-006 150.00

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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: Kenneth J McGrath Kenneth J McGrath 03-01-06 352-735-6941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #