

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90042 050 \*\*\*150.00

**DOCUMENT # P98000066014**

1. Entity Name  
**P.J.D.R., INC.**



Principal Place of Business  
**2311 CLEVELAND RD  
SANDUSKY, OH 44870**

Mailing Address  
**P O BOX 1319  
SANDUSKY, OH 44871**

**24938801**



03232004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**58-2409411**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RASMUSSEN, GWENDOLYN S  
537 E PARK AVE  
TALLAHASSEE, FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 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 TS  
NAME HOFFMAN, PATRICIA A ☐ Delete  
STREET ADDRESS RT 2 BOX 242  
CITY-ST-ZIP CLEWISTON, FL 33440

TITLE V  
NAME HOFFMAN, JEFF A ☐ Delete  
STREET ADDRESS 1401 WICKFORD PLACE  
CITY-ST-ZIP HURON, OH 44839

TITLE P  
NAME HOFFMAN, DOUGLAS N ☐ Delete  
STREET ADDRESS 28 E BIRCHWOOD DRIVE  
CITY-ST-ZIP SANDUSKY, OH 44870

TITLE V  
NAME HOFFMAN, ROBERT C ☐ Delete  
STREET ADDRESS 323 LAUREL RD  
CITY-ST-ZIP HURON, OH 44839

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE TS ☒ Change ☐ Addition  
NAME Hoffman, Patricia A  
STREET ADDRESS 194 County Road 720  
CITY-ST-ZIP Clewiston, FL 33440

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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 #

*Patricia A. Hoffman* **PATRICIA A. HOFFMAN** 3/29/04 863-983-7078