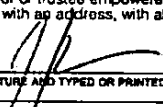


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90217 024 ***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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
03212005		Chg-P CR2E034 (10/03)	
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 RASMUSSEN, GWENDOLYN S 537 E PARK AVE TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent 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 _____ DATE _____ Signature of registered agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS HOFFMAN, PATRICIA A 194 COUNTY RD 720 CLEWISTON, FL 33440 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOFFMAN, JEFF A 1401 WICKFORD PLACE HURON, OH 44839 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOFFMAN, JEFF 1401 WICKFORD PLACE HURON, OH 44839 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOFFMAN, DOUGLAS N 28 E BIRCHWOOD DRIVE SANDUSKY, OH 44870 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOFFMAN, ROBERT C 323 LAUREL RD HURON, OH 44839 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOFFMAN, ROBERT C 323 LAUREL RD HURON, OH 44839 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		JEFF HOFFMAN 3-23-05 419-665-8617	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	