

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90641 022 ***158.75

DOCUMENT # P99000041311					
1. Entity Name PDG PROPERTIES, INC.					
Principal Place of Business 4929 BAYSHORE BLVD. TAMPA, FL 33611			Mailing Address 4929 BAYSHORE BLVD. TAMPA, FL 33611		
2. Principal Place of Business 5205 S. LOIS AVENUE Suite, Apt. #, etc.		3. Mailing Address 5205 S. LOIS AVENUE Suite, Apt. #, etc.			
City & State TAMPA, FL		City & State TAMPA, FL		4. FEI Number 59-3577641	
Zip 33611		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ABREU, WILSON R 4929 BAYSHORE BLVD. TAMPA, FL 33611			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5205 S. LOIS AVENUE City TAMPA FL Zip Code 33611		
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:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE VP NAME BAUER, TIMOTHY J STREET ADDRESS 4929 BAYSHORE BLVD CITY-ST-ZIP TAMPA, FL 33611	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 5205 S. LOIS AVENUE CITY-ST-ZIP TAMPA, FL 33611	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME BAUER, RONALD C STREET ADDRESS 4929 BAYSHORE BLVD CITY-ST-ZIP TAMPA, FL 33611	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 5205 S. LOIS AVENUE CITY-ST-ZIP TAMPA, FL 33611	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME ABREU, NATALIE STREET ADDRESS 4929 BAYSHORE BLVD CITY-ST-ZIP TAMPA, FL 33611	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 5205 S. LOIS AVENUE CITY-ST-ZIP TAMPA, FL 33611	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: NATALIE ABREU			3/31/04 (813)805-0512		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		