


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # P99000059111 1. Entity Name PROFESSIONAL DESIGN CONSULTANTS, INC.	
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Principal Place of Business 6181 SHADY OAKS LANE NAPLES, FL 34119	Mailing Address 6181 SHADY OAKS LANE NAPLES, FL 34119
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DO NOT WRITE IN THIS SPACE



04192007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3588355	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LEHMAN, CHARLES C
5455 JAEGER RD. STE B
NAPLES, FL 34109

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000729515 05/08/07-90042-009 158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOSHER, DALE S 6181 SHADY OAKS LANE NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOSHER, DEBRA S 6181 SHADY OAKS LANE NAPLES, FL 34119
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **4/20/07 239-593-1417**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #