2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 31, 2004 8:00 am **Secretary of State DOCUMENT # P99000068140** 1. Entity Name 03-31-2004 90031 022 ***150.00 P D F INCORPORATED Principal Place of Business Mailing Address 4307 LORIMAR LANE 4307 LORIMAR LANE LAND O'LAKES FL 34639 94040329 LAND O'LAKES FL 34639 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-3590364 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FORD, STEPHEN D Street Address (P.O. Box Number is Not Acceptable) 4307 LORIMAR LANE LAND O'LAKES FL 34639 Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition FORD, STEPHEN NAME NAME 4307 LORIMAR LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAND O LAKES FL 34639 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME FORD, PAMELA C NAME 4307 LORIMAR LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAND O LAKES FL 34639 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED

SIGNATURE

changed, or on an attac