## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P99000110210

1. Entity Name PK-P'DYNE, INC.



Principal Place of Business

8708 S.W. 42ND PL. GAINESVILLE, FL 32608 Mailing Address

8708 S.W. 42ND PL. GAINESVILLE, FL 32608

## FILED Jan 13, 2006 08:00 AM Secretary of State



D	0	N	OT	WR	ITE	IN	<b>THIS</b>	SPAC	CE
	~	A 48	-	* * * *				~~	

		•	•	
4.	FE! Number			Applied For
	59-3616329			Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

ESTES, KERRY S 8708 S.W. 42ND PL. GAINESVILLE, FL 32608

## 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 reinstating)  DATE								
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS						
TITLE	D		Ī					
NAME	ESTES, KERRY S PHD							
STREET ADDRESS	8708 S.W. 42ND PL.							
CITY-ST-ZIP	GAINESVILLE, FL 32608				U00000385311			
TITLE			U00000385311 01/18/06-80012-004 150.00					
NAME								
STREET ADDRESS	•							
CITY-ST-ZIP								
TITLE			1					
NAME .								
STREET ADDRESS			DO NOT WRITE					
CITY-ST-ZIP				DO NOT WRITE				
TITLE				IN T	HIS SPACE			
NAME			IN THIS SPACE					
STREET ADDRESS			1					
CITY-ST-ZIP								
TITLE								
NAME								

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 cath; 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:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

iliiloc

352 384-0900

Daytime Phone #