


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # S81078
 1. Entity Name
PBD, INC.



Principal Place of Business Mailing Address
2683 ST. JOHNS BLUFF RD. S. **2683 ST. JOHNS BLUFF RD. S.**
155 **155**
JACKSONVILLE, FL 32246 US **JACKSONVILLE, FL 32246 US**



04122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-3087682 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
HEEKIN, T. GEOFFREY
ONE INDEPENDENT DRIVE, SUITE 2200
JACKSONVILLE, FL 32202

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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 except the obligations of registered agent

SIGNATURE _____ DATE _____
Signature, typed 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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MANSOURI, SAFA MEHDI
STREET ADDRESS	85 NICOLE LANE
CITY - ST - ZIP	ATLANTIC BCH, FL
TITLE	VPST
NAME	MANSOURI, SAFA MEHDI
STREET ADDRESS	85 NICOLE LANE
CITY - ST - ZIP	ATLANTIC BCH, FL
TITLE	S
NAME	MANSOURI, VAFA C.
STREET ADDRESS	14402 PELICAN BAY CT
CITY - ST - ZIP	JACKSONVILLE, FL 32224
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000528388
 05/05/06-80035-019 150.00

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/06 904 642-2603
Date Daytime Phone #