


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90123 040 \*\*\*\*61.25

<b>DOCUMENT # 726241</b>					
1. Entity Name 2625 PLAZA MANAGEMENT CORPORATION, INC.					
Principal Place of Business 2625 S. ATLANTIC AVE DAYTONA BCH., FL 32118-5615 US			Mailing Address 2625 S. ATLANTIC AVE DAYTONA BCH., FL 32118-5615 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent  CHRISTENSEN, DICK 2625 SOUTH ATLANTIC AVENUE DAYTONA BEACH, FL 32118				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COALSON, HAROLD			NAME	BRANAM, DARWIN
STREET ADDRESS	2625 SOUTH ATLANTIC AVENUE			STREET ADDRESS	2625 S ATLANTIC AVE
CITY-ST-ZIP	DAYTONA BEACH SHORES, FL			CITY-ST-ZIP	DAYTONA BEACH SHORES FL
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	
NAME	SORG, JAMES			NAME	
STREET ADDRESS	2625 S. ATLANTIC AVE			STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH SHORES, FL			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, DON			NAME	
STREET ADDRESS	2625 S. ATLANTIC AVE.			STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH.SH., FL			CITY-ST-ZIP	
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	
NAME	POLLITT, RUTH			NAME	
STREET ADDRESS	2625 S ATLANTOC AVE			STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH SHORES, FL			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PECK, HILDA			NAME	
STREET ADDRESS	2625 S. ATLANTIC AVE.			STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH.SH., FL			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POPPEL, RICHARD			NAME	CHRISTENSEN, DICK
STREET ADDRESS	2625 S. ATLANTIC AVE.			STREET ADDRESS	2625 S ATLANTIC AVE
CITY-ST-ZIP	DAYTONA BCH.SH., FL			CITY-ST-ZIP	DAYTONA BEACH SHORES FL
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 617, 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: <i>Harold F. Coalson</i> HAROLD F. COALSON				1/19/05 386.761.2853	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	

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4. FEI Number 59-1537362 Applied For Not Applicable

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