


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90039 019 ****61.25

DOCUMENT # N05000004766	
1. Entity Name THE PLANTATION IN PINELLAS PARK, INC.	

Principal Place of Business 1110 PINELLAS BAYWAY SUITE 207 TIERRA VERDE, FL 33715	Mailing Address 1110 PINELLAS BAYWAY SUITE 207 TIERRA VERDE, FL 33715
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20006108



2. Principal Place of Business - No P.O. Box # 9895 66th Street N		3. Mailing Address 8141 54th Ave N	
Suite, Apt. #, etc. c/o 6505 98th Ave N		Suite, Apt. #, etc. F C P M	
City & State Pinellas Park FL		City & State St Petersburg FL	
Zip 33782	Country USA	Zip 33709	Country USA

03062007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-2817895		Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROUANZION, SUSAN 1110 PINELLAS BAYWAY SUITE 207 TIERRA VERDE, FL 33715		7. Name and Address of New Registered Agent Name F C P M Secm Foley, Pres. Street Address (P.O. Box Number is Not Acceptable) 8141 54th AVE N City St Petersburg FL Zip Code 33709	
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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 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 _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAPPOCK, KEVIN 1120 PINELLAS BAYWAY SUITE 208 TIERRA VERDE, FL 33715 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UP Carol Agne 6507 98th Ave N #21 Pinellas Park FL 33782 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUTCHER, HENRY 1120 PINELLAS BAYWAY STE 203 TIERRA VERDE, FL 33715 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES Ms. Hilda Bulku 9853 66th Street N #19 Pinellas PK FL 33782 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BUTCHER, SIMON 1120 PINELLAS BAYWAY TIERRA VERDE, FL 33715 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Peugeni Eydelman 10230 Bayou Grande Ave Seminole FL 33772 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Robert Hightower 6505 98th Ave N #22 Pinellas Park FL 33782 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Lori Weaver 9873 66th St N Pinellas Park FL 33782 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: Carol Agne **3/7/07 727.258.0092**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #