


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2004 08:00 AM
Secretary of State

DOCUMENT # N38036 1. Entity Name PLEASANT GROVE PROFESSIONAL CENTER OWNERS' ASSOCIATION, INC.	
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Principal Place of Business C/O JEANNETTE M. HAAG 452 PLEASANT GROVE ROAD INVERNESS, FL 34452 US	Mailing Address C/O JEANNETTE M. HAAG 452 PLEASANT GROVE ROAD INVERNESS, FL 34452 US
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02192004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3109615	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HAAG, JEANNETTE M. 452 PLEASANT GROVE RD. INVERNESS, FL 32652
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**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 _____

**Filing Fee is \$61.25
Due by May 1, 2004**

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

1100000099274
03/30/04-80007-005 40.43

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCRANIE, ROBERT 450 PLEASANT GROVE RD. INVERNESS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUTTON, DONALD 450 PLEASANT GROVE RD. INVERNESS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAAG, JEANNETTE M. 452 PLEASANT GROVE RD. INVERNESS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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: Robert E McCranie 3/19/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #