


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

DOCUMENT # N38036		
1. Entity Name PLEASANT GROVE PROFESSIONAL CENTER OWNERS' ASSOCIATION, INC.		

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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DO NOT WRITE IN THIS SPACE

FILED
05 FEB -1 PM 3: 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01142005 No Chg-NP CR2E037 (10/03)

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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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

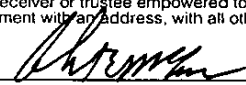
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02/07/05--01034--005 **20.82

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JB 2/4

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:  1/19/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #