


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90195 012 ***150.00

DOCUMENT # P00000067953

1. Entity Name
A PARK PLACE, INC.



Principal Place of Business Mailing Address

~~180 21 ST AVE~~ ~~180 21 ST AVE~~
 SAINT PETE BEACH, FL 33706 US SAINT PETE BEACH, FL 33706 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

9301 Bl. W/ Pass Rd **9301 Bl. W/ Pass Rd**

Suite, Apt. #, etc. Suite, Apt. #, etc.


City & State City & State

St. Pete Beach FL **St. Pete Beach FL**

Zip Country Zip Country

33706 **US** **33706** **US**

01052007 Chg-P CR2E034 (12/06)



4. FEI Number Applied For

59-3659407 Not Applicable

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

6. Name and Address of Current Registered Agent

LAMPSON, GRANT P JR
180 21 ST AVE
SAINT PETE BEACH, FL 33706

Addr chg

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

9301 Bl. W/ Pass Rd

City State Zip Code

St. Pete Beach FL 33706

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: *X Park* DATE: **1/10/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D LAMPSON, GRANT P JR <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMPSON, GRANT P JR	NAME	9301 Bl. W/ Pass Rd.
STREET ADDRESS	180 21 ST AVE	STREET ADDRESS	St. Pete Beach, FL 33706
CITY-ST-ZIP	SAINT PETE BEACH, FL 33706	CITY-ST-ZIP	St. Pete Beach, FL 33706
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *X Park* DATE: **1/10/07** 727 415 8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #