


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90057 042 ***150.00

DOCUMENT # P94000001080

1. Entity Name
AGELESS PLACEMENTS, INC.



Principal Place of Business Mailing Address
8130 66TH ST NO #4 **P.O. BOX 48513**
PINELLAS PARK, FL 33781 US **ST. PETERSBURG, FL 33743**

00015555

2. Principal Place of Business 3. Mailing Address
600 BYPASS DR **600 BYPASS DR**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
203 **203**



02012005 Chg-P CR2E034 (10/03)

City & State City & State
CLEARWATER, FL **CLEARWATER, FL**
 Zip Zip Country Country
33764 **33764**

4. FEI Number Applied For
59-3229682 Not Applicable

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

6. Name and Address of Current Registered Agent
THOMSOW, MARION *WRONG SPELLING* →
3106 FEATHERWOOD COURT
CLEARWATER, FL 33759

7. Name and Address of New Registered Agent
 Name **THOMSON, MARION** *corrected spelling*
 Street Address (P.O. Box Number is Not Acceptable)
3106 FEATHERWOOD COURT
CLEARWATER
 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 *Marion Thomson* **2/1/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	THOMSOW, MARION	
STREET ADDRESS	3106 FEATHERWOOD COURT	
CITY - ST - ZIP	CLEARWATER, FL 33759	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	HOLE, PHRIELA	
STREET ADDRESS	3106 FEATHERWOOD COURT	
CITY - ST - ZIP	CLEARWATER, FL 33759	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMSON, MARION	<i>CORRECT SPELLING</i>
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLE, PATRICIA	<i>CORRECT SPELLING</i>
STREET ADDRESS	3159 SAN JOSE ST.	<i>ADDRESS</i>
CITY - ST - ZIP	CLEARWATER, FL 33759	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 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: *Marion Thomson* **2/1/05** **797-8050**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #