


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000106398</b>	
1. Entity Name <b>F.C. PLATT, INC.</b>	

Principal Place of Business 2200 SIMON ROAD MELBOURNE, FL 32904	Mailing Address 2200 SIMON ROAD MELBOURNE, FL 32904
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**DO NOT WRITE IN THIS SPACE**



06302004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3484200</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**PLATT, JANET P**  
**2220 SIMON RD**  
**MELBOURNE, FL 32904**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD F CARLYLE PLATT 2200 SIMON RD MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD JANET PLATT 2200 SIMON RD MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDRA P LOVETT 2500 SIMON RD MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUDITH P ARNOLD 12700 E IRLO BRONSON HWY ST CLOUD, FL 34773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARYL P UNGERER 6250 NE 20TH TERRACE FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLATT, DOUGLAS 3300 SAND GULLEY DR MELBOURNE, FL 32904

1100000164940  
 07/09/04-80009-024 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Janet P. Platt* **JANET P. PLATT** 7-1-04 321-723-0884

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