2007 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P97000106398 1. Entity Name F.C. PLATT, INC. Principal Place of Business Mailing Address 2200 SIMON ROAD 2200 SIMON ROAD MELBOURNE, FL 32904 MELBOURNE, FL 32904

FILED Mar 26, 2007 08:00 AM **Secretary of State**



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 03032007 No Chg-P

4. FEI Number 59-3484200

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PLATT, JANET P 2220 SIMON RD MELBOURNE, FL 32904

SANDRA P LOVETT

JUDITH P ARNOLD

ST CLOUD, FL 34773

CARYL P UNGERER

PLATT, DOUGLAS

6250 NE 20TH TERRACE FORT LAUDERDALE, FL 33308

3300 SAND GULLEY DR MELBOURNE, FL 32904

MELBOURNE, FL 32904

12700 E IRLO BRONSON HWY

2500 SIMON RD

DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for the pations of registered agent.	ourpose of changing its registered office or reg	jistered agent, or both,	in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE; Registered Agent signature re	quired when reinstating).	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		
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 PLATT, JANET P 2200 SIMON RD MELBOURNE, FL 32904			U00000678182 04/02/07-80023-001 150.00
TITLE	D			

DO NOT WRITE IN THIS SPACE

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 charged, or on an attachment with an address, with all other like empowered. with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP TITLE