

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # J12036

1. Entity Name
LITTLE HARBOUR PLAZA, INC.



Principal Place of Business
2809 OCEAN DR S
JACKSONVILLE BEACH, FL 32250 US

Mailing Address
2809 OCEAN DR S
JACKSONVILLE BEACH, FL 32250 US



04062004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2699836

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BUSCHMAN, ALBERT E., JR.
2215 SOUTH THIRD ST., STE. 101
JACKSONVILLE BEACH, FL 32250

**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 *NECDET SENHART* **NECDET SENHART** 4/8/04
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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | |
|-----------------------|-----------------------------|
| TITLE | PTS |
| NAME | SENHART, NECDET |
| STREET ADDRESS | 2809 OCEAN DR S |
| CITY-ST-ZIP | JACKSONVILLE BCH, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

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04/12/04-80102-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *NECDET SENHART* **NECDET SENHART** 4/8/04 904-249-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #