

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000153400

Entity Name: 1603 PLUM TREE CORP.

FILED
Mar 02, 2009
Secretary of State

Current Principal Place of Business:

7317 LITTLE RD
NEW PORT RICHEY, FL 34654

New Principal Place of Business:

1603 PLUM TREE RD.
HOLIDAY, FL 34690

Current Mailing Address:

7317 LITTLE RD
NEW PORT RICHEY, FL 34654

New Mailing Address:

1603 PLUM TREE RD.
HOLIDAY, FL 34690

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEYTON, DONALD R
7317 LITTLE RD
NEW PORT RICHEY, FL 34654 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TAYLOR, STEPHEN
Address: 1603 PLUM TREE RD
City-St-Zip: HOLIDAY, FL 34690

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: TAYLOR, STEPHEN
Address: 1603 PLUM TREE RD
City-St-Zip: HOLIDAY, FL 34690 US

Title: D () Change (X) Addition
Name: TAYLOR, JOAN M
Address: 1603 PLUM TREE RD.,
City-St-Zip: HOLIDAY, FL 34690 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: S. TAYLOR

D

03/02/2009

Electronic Signature of Signing Officer or Director

Date