

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720949

Entity Name: P.L.T.H., INC.**Current Principal Place of Business:**1320 N. SEMORAN BLVD.
SUITE 100
ORLANDO, FL 32807**Current Mailing Address:**1320 N SEMORAN BLVD STE 100
ORLANDO, FL 32807 US**FEI Number:** 59-1497279**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TOWERS PROPERTY MANAGEMENT, INC.
1320 N. SEMORAN BLVD
STE 100
ORLANDO, FL 32807 US*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**Officer/Director Detail :**

Title	P
Name	SEFTNER, RICHARD
Address	1012 GROVE STREET
City-State-Zip:	MAITLAND FL 32751

Title	VP
Name	MIZE, ROXY
Address	926 PARK LAKE CIRCLE
City-State-Zip:	MAITLAND FL 32751

Title	T
Name	GRAVES, TOM
Address	670 LAKE AVENUE
City-State-Zip:	MAITLAND FL 32751

Title	SECRETARY
Name	GEDDINGS, BARBARA
Address	804 PARK LAKE CIRCLE
City-State-Zip:	MAITLAND FL 32751

Title	D
Name	BURGESS, DANA
Address	1011 GROVE STREET
City-State-Zip:	MAITLAND FL 32751

Title	D
Name	CHOLAK, DAVID
Address	PO BOX 608841
City-State-Zip:	ORLANDO FL 32860

Title	DIRECTOR
Name	MORRIS, MAVEL ANN
Address	864 PARK LAKE CIRCLE
City-State-Zip:	MAITLAND FL 32751

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD SEFTNER**PRESIDENT****02/25/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date