


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # 279573 1. Entity Name PLATTS GROVES INC	
---	---

Principal Place of Business 2953 SEMINOLE RD. FT PIERCE, FL 34951	Mailing Address PO BOX 156 FT PIERCE, FL 34954
---	--

DO NOT WRITE IN THIS SPACE



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1034057	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PLATTS, NORMAN W
2953 SEMINOLE RD.
FORT PIERCE, FL 34951

**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 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PLATTS, NORMAN W 2953 SEMINOLE ROAD FORT PIERCE, FL 34951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FORGET, KATHLEEN P 3195 SEMINOLE RD FORT PIERCE, FL 34951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PLATTS, N PARKER 11670 TWIN CREEKS DR FORT PIERCE, FL 34954
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PLATTS, PARKER N 11670 TWIN CREEKS DR FORT PIERCE, FL 34945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000582259
01/11/07-80024-023 150.00

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

SIGNATURE: *Norman Parker Platts* 1/10/07 772-466-7728

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

Norman Parker Platts