


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 336124
 1. Entity Name
 PLT PROPERTIES, INC.



Principal Place of Business
 6000 SAN JOSE BLVD #8A JACKSONVILLE, FL 32217

Mailing Address
 P.O. BOX 1854 ORANGE PARK, FL 32067-1854



02262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-1222890

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

RAX CO.
 C/O DANIEL B. NUNN, JR.
 50 N. LAURA ST., STE. 3300
 JACKSONVILLE, FL 32202

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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, 2008 Fee will be \$550.00

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

U00000859103
 04/01/08-80032-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEWIS, PAULETTE
STREET ADDRESS	6000 SAN JOSE BLVD #8A
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	V
NAME	LEWIS, PAUL A., II
STREET ADDRESS	2475 CANAL WAY
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	V
NAME	LEWIS, ROBERT
STREET ADDRESS	4410 GADSEN COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Paulette Lewis 3/10/08 904-732-4678

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