


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
- Secretary of State

DOCUMENT # 451218 1. Entity Name PLANTATION RESORT, INC.	
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Principal Place of Business 9301 W. FT. ISLAND TRAIL CRYSTAL RIVER, FL 34429 US	Mailing Address 5803 GREENVILLE AVENUE DALLAS, TX 75206 US
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01182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1536032	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GREEN, W.T. 9030 W. FORT ISLAND TRAIL, #5 CRYSTAL RIVER, FL 32629
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**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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MOSER, PAUL 5803 GREENVILLE AVE DALLAS, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STOESSNER, K.F., JR. 5803 GREENVILLE AVE. DALLAS, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGHES, VESTER 5803 GREENVILLE AVE DALLAS, TX 75203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/05/04-80003-006 150.00

**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)(f), 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: K.F. Stoessner 1/19/04 2146916541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #