


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90031 027 \*\*\*150.00

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>DOCUMENT # 451218</b><br>1. Entity Name<br><b>PLANTATION RESORT, INC.</b>   |   |   |  |  |  |
| Principal Place of Business<br><b>9301 W. FT. ISLAND TRAIL<br/>CRYSTAL RIVER, FL 34429 US</b>  |   |   | Mailing Address<br><b>5803 GREENVILLE AVENUE<br/>DALLAS, TX 75206 US</b>   |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>5803 Greenville Ave</b>   |   | 3. Mailing Address<br>Suite, Apt. #, etc. |  |   |  |
| City & State<br><b>Dallas TX</b>   |   | City & State                              |  |   |  |
| Zip<br><b>75206</b>  |   | Country<br><b>USA</b>                     |  | 4. FEI Number<br><b>58-1536032</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   |   |  | 01102007 Chg-P CR2E034 (12/06)  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>GREEN, W.T.<br/>9030 W. FORT ISLAND TRAIL, #5<br/>CRYSTAL RIVER, FL 32629</b>  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |   |  |
| 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 _____  |   |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>  |   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VS<br/>MOSER, PAUL<br/>5803 GREENVILLE AVE<br/>DALLAS, TX</b> <input type="checkbox"/> Delete          |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>T<br/>STOESSNER, K.F., JR.<br/>5803 GREENVILLE AVE.<br/>DALLAS, TX</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>HUGHES, VESTER<br/>5803 GREENVILLE AVE<br/>DALLAS, TX 75203</b> <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| 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. |   |   |  |   |  |
| <b>SIGNATURE:</b> <u>K.F. STOESSNER</u> <span style="float: right;">1/16/07</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |   |  |   |  |