


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # 566404 1. Entity Name DAVE PLATT MODELS, INC. |  |
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| Principal Place of Business 1306 HAVRE NW PALM BAY, FL 32907 | Mailing Address 1306 HAVRE NW PALM BAY, FL 32907 |
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DO NOT WRITE IN THIS SPACE



01082005 No Chg-P CR2E034 (10/03)

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

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|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent PLARR, MARGARET A 1306 HAVRE NW PALM BAY, FL 32907 | DO NOT WRITE IN THIS SPACE |
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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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PLATT, DAVE 1306 HAVRE NW PALM BAY, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST PLATT, MARGARET A. 1306 HAVRE NW PALM BAY, FL |
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04/27/05-80153-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **DAVID R PLATT** 4-23-05 321-724-2144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #