

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 597124**

1. Entity Name  
**PLAZA REALTY OF THE PALM BEACHES, INC.**



Principal Place of Business  
**560 VILLAGE  
335  
WEST PALM BEACH, FL 33409 US**

Mailing Address  
**560 VILLAGE BLVD  
335  
WEST PALM BEACH, FL 33409 US**



02062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1985951**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HODGES, LARRY W  
2660 CARAMBOLA RD.  
W PALM BEACH FL, FL 33406**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**U000000427829  
02/21/06-80022-019 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	HODGES, LARRY W
STREET ADDRESS	2660 CARAMBOLA RD.
CITY-ST-ZIP	W PALM BEACH FL,
TITLE	D
NAME	HERSEY, HARRY W. III
STREET ADDRESS	560 VILLAGE BLVD #335
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/6/06**

Date

**361-686-5327**

Daytime Phone #