


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90148 008 ***150.00

DOCUMENT # 691454

1. Entity Name
PLYMEL REALTY, INC.



Principal Place of Business Mailing Address

% DONALD L PLYMEL % DONALD L PLYMEL
 2087 SARNO ROAD 2087 SARNO ROAD
 MELBOURNE FL 32935 MELBOURNE FL 32935



2. Principal Place of Business 3. Mailing Address

2880 AURORA RD *2880 AURORA RD*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
MELB. FL

1st MOORE CR2E034 (10/05)

City & State City & State

MELB FL *MELB. FL*

4. FEI Number Applied For

59-2098027 Not Applicable

Zip Country Zip Country

32935 *BREV* *32935* *BREV.*

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

6. Name and Address of Current Registered Agent

**PLYMEL, DONALD L
 2087 SARNO ROAD
 MELBOURNE FL 32935**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** 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 reconstituting) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PLYMEL, SUSAN M	
STREET ADDRESS	2087 SARNO RD	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	PLYMEL, DONALD L PLYMEL	
STREET ADDRESS	2087 SARNO ROAD	
CITY-ST-ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *SUSAN M. PLYMEL* Date: *3-30-06* Daytime Phone #: *(321)403-7863*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR