

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90081 024 ***150.00

DOCUMENT # F95000004105

1. Entity Name

PFLP, INC.



Principal Place of Business

5665 BELAIR RD.
BALTIMORE MD 21206

Mailing Address

5665 BELAIR RD.
BALTIMORE MD 21206

50018572



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

9801 Pulaski Hwy

Suite, Apt. #, etc.

3. Mailing Address

9801 Pulaski Hwy

Suite, Apt. #, etc.

City & State

Baltimore, MD

City & State

Baltimore, MD

Zip

21220

Country

Zip

21220

Country

4. FEI Number

52-1669499

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PACKER, MARK A
1530 N. MILITARY TRAIL
WEST PALM BEACH FL 33409

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME FREEDMAN, NATALIE P
STREET ADDRESS 123 VIA VERDE WAY
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE V ☐ Delete
NAME PACKER, MARK A
STREET ADDRESS 1530 N. MILITARY TRAIL
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE V ☐ Delete
NAME PACKER, ELLIOTT L
STREET ADDRESS 200 BEACH RD
CITY-ST-ZIP TEQUESTA FL 33469

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-05

Date

443-777-5100

Daytime Phone #