

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Aug 01, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # F98000003389**

1. Entity Name  
**PLAZA 20, INC.**



Principal Place of Business  
**2600 DODGE ST  
DUBUQUE, IA 52003**

Mailing Address  
**2600 DODGE ST  
DUBUQUE, IA 52003**



07012005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**42-0838723**

Applied For  
☐ Not Applicable

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

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

**OLIVER, PENNY  
15137 WILLOWOOD LANE  
BROOKSVILLE, FL 34609**

**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 Penny Oliver  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/29/05

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>KAHLE, SALLY A<br>2040 S. GRANDVIEW<br>DUBUQUE, IA 52003            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>HUTCHINSON, CINDY<br>155 ALPINE WAY<br>WALNUT CREEK, CA 94506       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>KAHLE, DANIEL<br>952 NORTHEAST LOVELL STREET<br>HILLSBORO, OR 97124 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>KAHLE, JEFFREY<br>1881 PRESTWICK DRIVE<br>LAKE GENEVA, WI 53147     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>KAHLE, PAUL<br>4440 WEST 63RD STREET<br>PRAIRIE VILLAGE, KS 66208   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>KAHLE, MICHAEL<br>2884 THORNWOOD CT<br>DUBUQUE, IA 52003            |

U000000375346  
08/01/05-80014-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

Sally Kahle  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/63 582 3/26  
Daytime Phone #