# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 10, 2006 8:00 am**
**Secretary of State**
04-10-2006 90304 009 ***150.00

DOCUMENT # F98000003389

1. Entity Name
PLAZA 20, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2600 DODGE ST<br>DUBUQUE, IA 52003 | 2600 DODGE ST<br>DUBUQUE, IA 52003 |

04042006 Chg-P CR2E034 (11/05)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

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 | 7. Name and Address of New Registered Agent |
|---|---|
| OLIVER, PENNY<br>15137 WILLOWOOD LANE<br>BROOKSVILLE, FL 34609 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 Penny Oliver 3/31/06
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, 2006 Fee will be $550.00**

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

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>KAHLE, SALLY A<br>2040 S. GRANDVIEW<br>DUBUQUE, IA 52003 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>HUTCHINSON, CINDY<br>155 ALPINE WAY<br>WALNUT CREEK, CA 94596 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>KAHLE, DANIEL<br>952 NORTHEAST LOVELL STREET<br>HILLSBORO, OR 97124 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>KAHLE, JEFFREY<br>1881 PRESTWICK DRIVE<br>LAKE GENEVA, WI 53147 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>KAHLE, PAUL<br>4440 WEST 63RD STREET<br>PRAIRIE VILLAGE, KS 66208 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Kahle Paul<br>1176 N Vernon<br>Arlington VA 22202 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>KAHLE, MICHAEL<br>2884 THORNWOOD CT<br>DUBUQUE, IA 52003 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** Sally A Kahle 4/1/06 563 582 3126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #