


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 08:00 A
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
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DO NOT WRITE IN THIS SPACE



03262007 No Chg-P CR2E034 (11/05)

4. FEI Number 42-0838723	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

OLIVER, PENNY
15137 WILLOWOOD LANE
BROOKSVILLE, FL 34609

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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* *Penny Oliver* 4/2/07
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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAHLE, SALLY A 2040 S. GRANDVIEW DUBUQUE, IA 52003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HUTCHINSON, CINDY 155 ALPINE WAY WALNUT CREEK, CA 94596
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KAHLE, DANIEL 952 NORTHEAST LOVELL STREET HILLSBORO, OR 97124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KAHLE, JEFFREY 1881 PRESTWICK DRIVE LAKE GENEVA, WI 53147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KAHLE, PAUL 1176 NORTH VERNON ARLINGTON, VA 22202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KAHLE, MICHAEL 2884 THORNWOOD CT DUBUQUE, IA 52003

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04/20/07-80051-005 150.00

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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* 4/2/07 563 582 3126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #