

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003389

Entity Name: PLAZA 20, INC.

FILED
Feb 09, 2009
Secretary of State

Current Principal Place of Business:

2600 DODGE ST
DUBUQUE, IA 52003

New Principal Place of Business:

Current Mailing Address:

2600 DODGE ST
DUBUQUE, IA 52003

New Mailing Address:

FEI Number: 42-0838723

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLIVER, PENNY
15137 WILLOWOOD LANE
BROOKSVILLE, FL 34609 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KAHLE, SALLY A
Address: 2040 S. GRANDVIEW
City-St-Zip: DUBUQUE, IA 52003

Title: DV () Delete
Name: HUTCHINSON, CINDY
Address: 155 ALPINE WAY
City-St-Zip: WALNUT CREEK, CA 94596

Title: DV () Delete
Name: KAHLE, DANIEL
Address: 952 NORTHEAST LOVELL STREET
City-St-Zip: HILLSBORO, OR 97124

Title: DV () Delete
Name: KAHLE, JEFFREY
Address: 1881 PRESTWICK DRIVE
City-St-Zip: LAKE GENEVA, WI 53147

Title: DV () Delete
Name: KAHLE, PAUL
Address: 1176 NORTH VERNON
City-St-Zip: ARLINGTON, VA 22202

Title: DV () Delete
Name: KAHLE, MICHAEL
Address: 2884 THORNWOOD CT
City-St-Zip: DUBUQUE, IA 52003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALLY KAHLE

PD

02/09/2009

Electronic Signature of Signing Officer or Director

Date