

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # H84166

1. Entity Name  
PARK PLACE INDUSTRIALS, INC.



Principal Place of Business

29656 U.S. HIGHWAY 19 NORTH  
SUITE 100  
CLEARWATER, FL 33761 US

Mailing Address

29656 U.S. HIGHWAY 19 NORTH  
SUITE 100  
CLEARWATER, FL 33761 US



03232004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2633843

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MINIERI, CARL  
29656 U.S. HIGHWAY 19 NORTH  
SUITE 100  
CLEARWATER, FL 33761

**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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000125624  
04/23/04-80002-006 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
C  
MINIERI, CARL  
29656 US 19 NO, STE 100  
CLEARWATER, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
GENTILE, MICHAEL  
29656 US 19 N STE 100  
CLEARWATER, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
MINIERI, CARL  
29656 US 19 N STE 100  
CLEARWATER, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Carl Minieri* - Pres 4/15/04 727-787-3111