


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State


05-03-2005 90108 025 ***150.00

DOCUMENT # H84166 1. Entity Name PARK PLACE INDUSTRIALS, INC.	
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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
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DO NOT WRITE IN THIS SPACE

40079726



03102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2633843	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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	C VP 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
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:  4-1-05 727 7873111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CARL A. MINIERI, V.P.