

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # J07294

1. Entity Name
PLAZA CIRCLE, INC.



Principal Place of Business
**130 CAPE POINTE CIR
JUPITER, FL 33477 US**

Mailing Address
**130 CAPE POINTE CIRCLE
JUPITER, FL 33477 US**



02272006 No Chg-P CRZE034 (11/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2657856	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PERRY, FRANCES T.
130 CAPE POINTE CIR.
JUPITER, FL 33477**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	OS TAYLOR, ANN J. 14880 PALMWOOD ROAD PALM BCH GARDENS, FL 33410
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PERRY, FRANCES T. 130 CAPE POINTE CIRCLE JUPITER, FL 33477
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PETERS, ROSE MARIE 340 RIVER EDGE ROAD JUPITER, FL 33477
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

U00000502499
04/25/06-80092-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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 807, 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 #