

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90001 020 ***150.00

DOCUMENT # J41827	
1. Entity Name PLANTATION FINANCE CO., INC.	

Principal Place of Business 10344 SW 26 STREET FORT LAUDERDALE, FL 33324 US	Mailing Address 10344 SW 26 STREET P.O. BOX 290970 FORT LAUDERDALE, FL 33324 US
---	---

2. Principal Place of Business No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address 10344 SW 26 Street (delete PO Box) Fort Lauderdale FL 33324 USA
--	--

6. Name and Address of Current Registered Agent PHILLIPS, WILLIAM J. 10344 SW 26TH ST DAVIE, FL 33324	
---	--

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Accepted) City FL Zip Code	
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 must be by the named registered agent and the filer. (FILER - Registered Agent Signature required when changing)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	P PHILLIPS, WILLIAM J. 10344 SW 26 ST DAVIE, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	S PHILLIPS, DANIA H. 10344 SW 26 ST DAVIE, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

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: <i>Dania H Phillips</i> <i>DANIA H Phillips</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<i>3/26/07</i> <i>954-328-9518</i> Date Time Phone