

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2005 08:00 AM
Secretary of State

DOCUMENT # L02127 1. Entity Name PLUMMOR CORP.			
Principal Place of Business 14260 SW 136 ST BAY #19 MIAMI, FL 33186 US		Mailing Address 14260 SW 136TH STREET BAY 19 MIAMI, FL 33186 US	
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> DO NOT WRITE IN THIS SPACE </div>			
6. Name and Address of Current Registered Agent PENLAND, JAMES H. 14260 SW 136TH STREET BAY 19 MIAMI, FL 33186		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> DO NOT WRITE IN THIS SPACE </div>	
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 _____ <small>Signature, typed or printed name of the registered agent and title if applicable.</small>		(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	
10. OFFICERS AND DIRECTORS			
TITLE	VP	<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> DO NOT WRITE IN THIS SPACE </div>	
NAME	PENLAND, JEFFREY		
STREET ADDRESS	14260 SW 136TH STREET, #19		
CITY - ST - ZIP	MIAMI, FL 33186		
TITLE	P		
NAME	PENLAND, JAMES		
STREET ADDRESS	14260 SW 136TH STREET, #19	<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> DO NOT WRITE IN THIS SPACE </div>	
CITY - ST - ZIP	MIAMI, FL 33186		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> DO NOT WRITE IN THIS SPACE </div>	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> DO NOT WRITE IN THIS SPACE </div>	
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 9-8-05 Daytime Phone # 305-235-3883	