
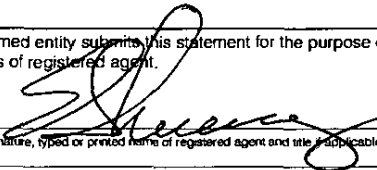
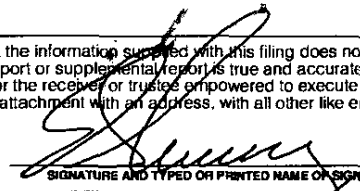


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90028 010 \*\*\*\*61.25

<b>DOCUMENT # N00704</b> 1. Entity Name PLANTATION ROAD TOWNOFFICE OWNERS ASSOCIATION, INC.					
Principal Place of Business 6704-A PLANTATION RD. PENSACOLA, FL 32504			Mailing Address 6704-A PLANTATION RD. PENSACOLA, FL 32504		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2739094	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  GUERNSEY, ELWYN D. 6704-A PLANTATION RD. PENSACOLA, FL 32504				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE 				DATE 4/14/03	
Filing Fee is \$61.25 Due by May 1, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PONSON, LLOYD 89 E. BLOUNT PENSACOLA, FL 32501				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GUERNSEY, ELWYN D. 6704-A PLANTATION RD. PENSACOLA, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KOLLERS, BURT 6702-C PLANTATION RD. PENSACOLA, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Elwyn D. Guernsey 6704A Plantation Rd Pensacola, FL 32504				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ANN KEIEK 7217 Twin Lakes Lane Pensacola, FL 32504				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Cynthia Craig P.O. BOX 12387 Pensacola, FL 32582				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS 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 617, 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 4/14/2004					
Daytime Phone # 880-476-3491					