

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000008356

1. Entity Name
128 PLACE, INC.



Principal Place of Business
445 31ST ST. NORTH
ST. PETERSBURG, FL 33713

Mailing Address
445 31ST ST. NORTH
ST. PETERSBURG, FL 33713



02032006 No Chg-NP

CR2E037 (11/05)

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4. FEI Number
59-3717717

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MACMATH, GARY
445 31ST ST. NORTH
ST. PETERSBURG, FL 33713

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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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

1100000453409
03/14/06 00021 003 70.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MISIEWICZ, PAUL V
STREET ADDRESS 1601 CENTRAL AVE.
CITY-ST-ZIP ST. PETERSBURG, FL 33713

TITLE VD
NAME BUSSEY, RUTLAND
STREET ADDRESS 100 2ND AVE. SOUTH, STE. 800
CITY-ST-ZIP ST. PETERSBURG, FL 33701

TITLE STD
NAME POYNTER, SALLY
STREET ADDRESS 100 BEACH DR. NE #1103
CITY-ST-ZIP ST. PETERSBURG, FL 33701

TITLE D
NAME PITTS, BOB
STREET ADDRESS 334 48TH AVE. NORTH, APT. 132
CITY-ST-ZIP ST. PETERSBURG, FL 33703

TITLE D
NAME WILLIAMS, ALTON M
STREET ADDRESS 715 5TH AVE. NORTH
CITY-ST-ZIP ST. PETERSBURG, FL 33701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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

Daytime Phone #