

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90355 037 \*\*\*\*61.25

00020003



<b>DOCUMENT # N04000004304</b>					
1. Entity Name PLYMOUTH COMMUNITY IMPROVEMENT, INC.					
Principal Place of Business P.O. BOX 347 PLYMOUTH, FL 32768			Mailing Address P.O. BOX 347 PLYMOUTH, FL 32768		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 592898956	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MARSHALL, WILBURT L 3413 FUDGE RD PLYMOUTH, FL 32712			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, WILBURT L			NAME	
STREET ADDRESS	P.O. BOX 396			STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH, FL 32768			CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINES, EDDIE			NAME	
STREET ADDRESS	P.O. BOX 802			STREET ADDRESS	
CITY-ST-ZIP	ZELLWOOD, FL 32798			CITY-ST-ZIP	
TITLE	RS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, GLADYS F			NAME	
STREET ADDRESS	P.O. BOX 42			STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH, FL 32768			CITY-ST-ZIP	
TITLE	FS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, LINDA			NAME	
STREET ADDRESS	P.O. BOX 1148			STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH, FL 32768			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, CHARLIE			NAME	
STREET ADDRESS	P.O. BOX 421			STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH, FL 32768			CITY-ST-ZIP	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, SANDRA			NAME	
STREET ADDRESS	3821 HOGSHEAD RD			STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH, FL 32768			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: <i>Wilbur L Marshall</i>				April 13, 2005 (407)884-2095	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	