


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

**FILED**

**Apr 26, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # N04000004304**

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**

**DO NOT WRITE IN THIS SPACE**



04182006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2898956**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MARSHALL, WILBURT L  
3413 FUDGE RD  
PLYMOUTH, FL 32712**

**DO NOT WRITE IN THIS SPACE**

3. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARSHALL, WILBURT L P.O. BOX 396 PLYMOUTH, FL 32768
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HINES, EDDIE P.O. BOX 802 ZELLWOOD, FL 32798
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS BELL, GLADYS F P.O. BOX 42 PLYMOUTH, FL 32768
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS THOMPSON, LINDA P.O. BOX 1148 PLYMOUTH, FL 32768
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, CHARLIE P.O. BOX 421 PLYMOUTH, FL 32768
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLLINS, SANDRA 3621 HOGSHEAD RD PLYMOUTH, FL 32768

**DO NOT WRITE IN THIS SPACE**

L00000534765  
05/08/06-80023-021 61.25

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: Wilbur L Marshall **4/20/06** 407-884-6484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #