

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000026773

1. Entity Name
P+PL INVESTMENTS, INC.



Principal Place of Business
333 SOUTH PINEAPPLE AVENUE
SARASOTA, FL 34236

Mailing Address
333 SOUTH PINEAPPLE AVENUE
SARASOTA, FL 34236

DO NOT WRITE IN THIS SPACE



02222006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1029176

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LAUGHLIN, PETER
333 S. PINEAPPLE AVE
SARASOTA, FL 34236

**DO NOT WRITE
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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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
LAUGHLIN, PETER G
2632 PURITAN TERRACE
SARASOTA, FL 34239

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
LAUGHLIN, PATRICIA D
2632 PURITAN TERRACE
SARASOTA, FL 34239

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
LAUGHLIN, PETER G
2632 PURITAN TERRACE
SARASOTA, FL 34239

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

100000448138
03/03/06-80001-024 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information submitted 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 reports 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:

Peter G. Laughlin
Peter G. Laughlin

2/22/06
2/22/06

941-365-8881
941-365-8881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #