2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000059496

1. Entity Name

PLANTATION REALTY, INC.



Principal Place of Business

1250 N COUNTY CLUB DR CRYSTAL RIVER, FL 34429 Mailing Address

1250 N COUNTY CLUB DR CRYSTAL RIVER, FL 34429

FILED Apr 10, 2006 8:00 am Secretary of State

04-10-2006 90304 001 ***150.00

60024600



DO NOT WRITE IN THIS SPACE

04052006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3654274

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VAN DE BOE, LISA 847 SE 1ST CRT CRYSTAL RIVER, FL 34429

DO NOT WRITE IN THIS SPACE

	a trained entity submits this statement for the purpose of changi- ations of registered agent.	ing its registered blince or registered agent, or	ooth, in the State of Florida.	I am familiar with, and accept
SIGNATURE				
OIGHT-(TOTIL	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

OFFICERS AND DIRECTORS 10. TITLE VAN DEBOE, LISA 109 S.E. 2ND PLACE STREET ADDRESS CITY-ST-ZIP CRYSTAL RIVER, FL 34429 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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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 emproyeered 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 file exprovered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

INTED NAME OF SIGNING OFFICER OR DIRECTOR

Lisa Van DeBoe

352-795-0784