


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000102841
1. Entity Name
PARK PLACE ANTIQUES, INC.



Principal Place of Business: 12221 MAIN STREET, SAN ANTONIO, FL 33576
Mailing Address: PO BOX 1224, SAN ANTONIO, FL 33576 US

DO NOT WRITE IN THIS SPACE



03192004 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-3687543
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NEWLON, JONATHAN W
14050 OLD MISSION ROAD
DADE CITY, FL 33525

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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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

U00000100740
U4/U1/04-80019-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BURKE, ELIZABETH A
STREET ADDRESS	P.O. BOX 31
CITY-ST-ZIP	SAN ANTONIO, FL 33576
TITLE	VD
NAME	BURKE, L. WINIFRED
STREET ADDRESS	P.O. BOX 763
CITY-ST-ZIP	SAN ANTONIO, FL 33576
TITLE	STD
NAME	CALVERT, BRUCE L
STREET ADDRESS	P.O. BOX 763
CITY-ST-ZIP	SAN ANTONIO, FL 33576
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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 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: X Elizabeth A Burke DATE: X 3/19/04 (362) 588-9827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #