

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90343 009 ***150.00

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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04232008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-3687543

Applied For

Not Applicable

Zip

Country

Zip

Country

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**

7. Name and Address of New Registered Agent

Name

(same)

Street Address (P.O. Box Number is Not Acceptable)

12146 CULLEY ROAD

City

SAN ANTONIO

FL

Zip Code

33576

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME BURKE, ELIZABETH A
STREET ADDRESS P.O. BOX 31
CITY-ST-ZIP SAN ANTONIO, FL 33576

TITLE VD ☐ Delete
NAME BURKE, L. WINIFRED
STREET ADDRESS P.O. BOX 763
CITY-ST-ZIP SAN ANTONIO, FL 33576

TITLE STD ☐ Delete
NAME CALVERT, BRUCE L
STREET ADDRESS P.O. BOX 763
CITY-ST-ZIP SAN ANTONIO, FL 33576

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/25/08 352-588-9827
Date Daytime Phone #