


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90058 035 \*\*\*150.00

**DOCUMENT # P01000016675**  
 1. Entity Name  
**PLATT STATION SPORTING CLAYS, INC.**



Principal Place of Business      Mailing Address  
~~231 GARVEY ROAD SOUTHWEST~~      ~~231 GARVEY ROAD SOUTHWEST~~  
~~PALM BAY, FL 32908~~                      ~~PALM BAY, FL 32908~~

**50005166**

2. Principal Place of Business      3. Mailing Address  
 13350 122nd St                      13350 122nd St

Suite, Apt. #, etc.                      Suite, Apt. #, etc.



01162005    Chg-P                      CR2E034 (10/03)

City & State                      City & State  
 Fellsmere FL                      Fellsmere FL

Zip                      Country                      Zip                      Country  
 32948                      Indian River                      32948                      Indian River

4. FEI Number                      Applied For  
 59-3700880                      Not Applicable

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

6. Name and Address of Current Registered Agent

**PLATT, MINOR J JR**  
**231 GARVEY ROAD, S.W.**      13270 122nd St  
**PALM BAY, FL 32908**  
 Fellsmere FL  
 32948

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_      FL      Zip Code \_\_\_\_\_

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: Minor J Platt Jr      Minor J. PLATT Jr      1-16-05  
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, 2005 Fee will be \$350.00**

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	PD PLATT, MINOR J 231 GARVEY ROAD SOUTHWEST PALM BAY, FL 32908 <i>13270 122nd St Fellsmere FL</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PLATT, CHASE 231 GARVEY ROAD SOUTHWEST PALM BAY, FL 32908 <i>13080 122nd St Fellsmere</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PLATT, CODY 231 GARVEY ROAD SOUTHWEST PALM BAY, FL 32908 <i>13350 122nd St Fellsmere</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARLEY, JAMES 231 GARVEY ROAD SOUTHWEST PALM BAY, FL 32908 <i>13160 122nd St Fellsmere FL</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Minor J Platt Jr      Minor J. PLATT Jr      1-15-05      772 571-8025  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #