

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000023630 1. Entity Name PLH INVESTMENTS, INC.	
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Principal Place of Business 3665 BEE RIDGE ROAD SUITE 310 SARASOTA, FL 34233	Mailing Address PO BOX 20708 SARASOTA, FL 34276
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04072006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0556424	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CARRION, JAIME S 3665 BEE RIDGE RD SUITE 310 SARASOTA, FL 34233

**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 reinstalling) DATE

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

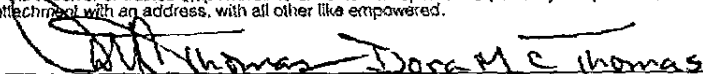
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CB CARRION, JAIME S 3665 BEE RIDGE RD, SUITE 310 SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORRIS, ROBERT A 3665 BEE RIDGE RD, SUITE 310 SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCSWEENEY, ANINA C 3665 BEE RIDGE RD, SUITE 310 SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST THOMAS, DORA MARIA C 3665 BEE RIDGE RD, # 310 SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/29/06-80027-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  **4-10-06 941-923-4551**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #