

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90017 018 ***150.00

DOCUMENT # P02000094933

1. Entity Name

PLONGOS, INC.



Principal Place of Business

1120 HOLLAND DRIVE
BOCA RATON FL 33487

Mailing Address

~~2102 CONGRESSIONAL WAY~~
~~DEERFIELD BEACH FL 33442~~

2. Principal Place of Business

3. Mailing Address

899 NW 6TH DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton FL

Zip

Country

Zip

Country

33486

PHN

4. FEI Number

55-0795884

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LONGO, PHILIP

~~2102 CONGRESSIONAL WAY~~
~~DEERFIELD BEACH FL 33442~~

Name

899 NW 6TH DR

City

Boca Raton

FL

33486

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME LONGO, PHILIP B
STREET ADDRESS ~~2102 CONGRESSIONAL WAY~~
CITY-ST-ZIP ~~DEERFIELD BEACH FL 33442~~

TITLE ☒ Change ☐ Addition
NAME 899 NW 6TH DR
STREET ADDRESS BOCA RATON FL 33486
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SORESEN, ANITA
STREET ADDRESS 2102 CONGRESSIONAL WAY
CITY-ST-ZIP DEERFIELD BEACH FL 33442

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 a address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/04 561-982-9860