FILED
Jul 06, 2004 8:00 am
Secretary of State

06-21-2004 90004 004 ***150.00
07-06-2004 90002 034 ***400.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000001003

1. Entity Name
PLAYGROUNDS PLUS, INC.

54059817

Principal Place of Business	Mailing Address
7871 55TH WAY N PINELLAS PARK, FL 33781	7871 55TH WAY N PINELLAS PARK, FL 33781

03122003 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4968 73rd Ave N	4968 73rd Ave N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pinellas Park, FL	City & State: Pinellas Park, FL
Zip: 33781 Country: USA	Zip: 33781 Country: USA

4. FEI Number: 03-05-01077 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCHENRY, KELLY
7871 55TH WAY N
PINELLAS PARK, FL 33781

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: Kelly McHenry - VP — 6/17/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MILLER, MATTHEW	NAME	
STREET ADDRESS	7206 64TH WAY N	STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK, FL 33781	CITY-ST-ZIP	
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MCHENRY, KELLY	NAME	
STREET ADDRESS	7871 55TH WAY N	STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK, FL 33781	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 an address, with all other like empowered.

SIGNATURE: Kelly McHenry — 6/17/04 — 727-546-5076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #