


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90084 009 \*\*\*150.00

DOCUMENT # P03000042026

1. Entity Name  
**PLANT PROPERTIES CORPORATION**



Principal Place of Business  
**6787 FIJI CIRCLE  
 BOYNTON BEACH FL 33437**

Mailing Address  
**P.O. BOX 740296  
 BOYNTON BEACH FL 33474**



2. Principal Place of Business  
**7905 McCLINTOCK WAY**

Suite, Apt. #, etc.

3. Mailing Address  
**PO BOX 8510**

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State  
**PORT ST LUCIE**

City & State  
**PORT ST LUCIE, FL**

Zip  
**34952**

Country  
**ST LUCIE**

Zip  
**34985**

Country  
**ST LUCIE**

4. FEI Number  
**41-2092954**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FRANKEL, GERALD  
 6787 FIJI CIRCLE  
 BOYNTON BEACH FL 33437**

7. Name and Address of New Registered Agent

Name  
**GERALD FRANKEL**

Street Address (P.O. Box Number is Not Acceptable)  
**7905 McCLINTOCK WAY**

**PORT ST LUCIE**

City  
**FL**

Zip Code  
**34952**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	FRANKEL, GERALD	
STREET ADDRESS	6787 FIJI CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	V	<input type="checkbox"/> Delete
NAME	FRANKEL, MARILYN	
STREET ADDRESS	6989 FIJI CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERALD FRANKEL	
STREET ADDRESS	7905 McCLINTOCK WAY	
CITY-ST-ZIP	PORT ST LUCIE, FL 34952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARILYN FRANKEL	
STREET ADDRESS	7905 McCLINTOCK WAY	
CITY-ST-ZIP	PORT ST LUCIE, FL 34952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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: GERALD FRANKEL PRES (772) 807-9157  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #