

2004 FOR PROFIT CORPORATION ANNUAL REPORT

1092

DOCUMENT # P03000050715		
1. Entity Name PNL ENTERPRISES, INC.		

FILED
04 NOV -3 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2717 N FEDERAL HWY DELRAY BEACH, FL 33483	Mailing Address 2717 N FEDERAL HWY DELRAY BEACH, FL 33483
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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REINSTATEMENT

City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 01-0784262	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GRANGER, PHYLLIS 2717 N FEDERAL HWY DELRAY BEACH, FL 33483	
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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: *Phyllis Granger* (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. ☐ Delete GRANGER, PHYLLIS 108 NE 22 ST DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. ☐ Delete WEISSMULLER FARAH, NASSER 6119 PARK AVE W NEW YORK, NJ 07093
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. ☒ Delete DE LA SIERRA, LEONARD A 5 LAIR PL CLIFFSIDE PARK, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 100042435221 11/03/04--01025--018 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: *Phyllis Granger* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 10-28-04 Daytime Phone # _____

2012

10-28-04

Florida Dept. of State

To Whom It May Concern:

Due to the stress of my Mothers passing of cancer AND trying to get a new business on its feet coupled with the fact that we got hit by two hurricanes back to back AND were with out electricity for nearly a month all toll, plus the loss of all product except soda syrup caused me to neglect sending in our annual report.

Given all this, it is hoped that you might except ~~ing~~ our late filing at \$150.00 We need all the help we can get -

Thank for your consideration in this matter - Phyllis Granger President