

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

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90065 050 ***150.00

DOCUMENT # **P03000079409**

1. Entity Name

Porcelain Plus Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

537 Hwy 1792 (N)

Suite, Apt. #, etc.

#7

City & State

Longwood FL

Zip

32750

Country

USA

3. Mailing Address

537 Hwy 1792 (N)

Suite, Apt. #, etc.

#7

City & State

Longwood - FL

Zip

32750

Country

USA

40062075

CR2E034B (8/05)

4. FEI Number

56 238 3600

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **O'Neil Watson**

Street Address (P.O. Box Number is Not Acceptable)

537 Hwy 1792 N Ste #7

City **Longwood**

FL

Zip Code

32750

**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

O'Neil Watson

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/10/07

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

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

TITLE
NAME

Arleen March
501 Amphyst way
lake Mary FL 32746

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

O'Neil Watson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/07

Date

Daytime Phone #