

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000079409

1. Entity Name
PORCELAIN PLUS, INC.



Principal Place of Business
537 HWY 17-92 (N)
#7
LONGWOOD, FL 32750

Mailing Address
537 HWY 17-92 (N)
#7
LONGWOOD, FL 32750

FILED

09 MAY 19 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01312008 No Chg-P CR2E034 (11/05)

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4. FEI Number 56-2383600	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

O'NEIL, WATSON
537 HWY 17-92 N, STE #7
LONGWOOD, FL 32750

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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)

4/8/09
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PM
NAME	MARCH, ARLEEN M
STREET ADDRESS	501 ARMETHYST WAY
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	D
NAME	O'Neil Watson
STREET ADDRESS	531 Hwy 17-92 Ste #7
CITY-ST-ZIP	Longwood, Florida 32750
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

200153354642
04/28/09--01046--025 **150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *O'Neil Watson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/09 407 699 6986
Date Daytime Phone