

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90027 014 ***150.00

DOCUMENT # P03000116531																																															
1. Entity Name PLEASURE PROPERTIES, INC.																																															
Principal Place of Business 2444 SE GARDEN TERRACE PORT ST. LUCIE, FL 34952			Mailing Address 2030 S.E. GRAND DRIVE PORT ST. LUCIE, FL 34952																																												
2. Principal Place of Business - No P.O. Box # 2444 SE Garden Terrace		3. Mailing Address c/o Robert A. Bes Suite, Apt. #, etc. 120 Queen St.																																													
City & State Port St. Lucie FL		City & State Tillsonburg Ontario		4. FEI Number 20-0319754																																											
Zip 34952		Country U.S.A.		Zip N4G 3H3																																											
Country U.S.A.		Country Canada		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																											
6. Name and Address of Current Registered Agent BES, ROBERT A 2444 SE GARDEN TERRACE PORT ST. LUCIE, FL 34952			7. Name and Address of New Registered Agent Name <u>Janet C. Lagerstrom, P.A. C.P.A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>2565 NE INDIAN RIVER DRIVE</u> City <u>Jensen Beach</u> FL Zip Code <u>34957</u>																																												
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 <u>[Signature]</u> 3-10-2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;"> PD BES, ROBERT A STREET ADDRESS 2560 SE GRAND DR. CITY-ST-ZIP PORT SAINT LUCIE, FL 34952 </td> <td style="width: 10%; padding: 2px; text-align: center;"><input checked="" type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;"></td> <td style="width: 10%; padding: 2px; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"> STD BES, GINA M STREET ADDRESS 2650 SE GRAND DR. CITY-ST-ZIP PORT SAINT LUCIE, FL 34952 </td> <td style="padding: 2px; text-align: center;"><input checked="" type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"> PD BES, ROBERT A. STREET ADDRESS 120 Queen St. CITY-ST-ZIP Tillsonburg Ontario Canada N4G3H3 </td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"> STD BES GINA M STREET ADDRESS 120 Queen St. CITY-ST-ZIP Tillsonburg Ontario Canada N4G3H3 </td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	PD BES, ROBERT A STREET ADDRESS 2560 SE GRAND DR. CITY-ST-ZIP PORT SAINT LUCIE, FL 34952	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	STD BES, GINA M STREET ADDRESS 2650 SE GRAND DR. CITY-ST-ZIP PORT SAINT LUCIE, FL 34952	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	PD BES, ROBERT A. STREET ADDRESS 120 Queen St. CITY-ST-ZIP Tillsonburg Ontario Canada N4G3H3	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	STD BES GINA M STREET ADDRESS 120 Queen St. CITY-ST-ZIP Tillsonburg Ontario Canada N4G3H3	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Feb. 22/08 519-688-2937 <small>Date Daytime Phone #</small>																																												