


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90121 007 ***150.00

DOCUMENT # P04000028063

1. Entity Name
PLAINSUN INVESTMENT, CORP.



Principal Place of Business
 10461 NW 26TH STREET
 MIAMI, FL 33172 US

Mailing Address
 10461 NW 26TH STREET
 MIAMI, FL 33172 US

14018444



2. Principal Place of Business
425r SE 219 Ave

3. Mailing Address
334 NW 3rd Ave

Suite, Apt. #, etc.

06302005 Chg-P CR2E034 (10/03)

City & State
Morriston, FL

City & State
Ocala FL

Zip
32668 Country
USA

Zip
34475 Country
USA

4. FEI Number
Applied For Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
MAZZA-MARTINEZ, TANIA A MS.
780 NW 42 AV. SUITE 420
MIAMI, FL 33126

7. Name and Address of New Registered Agent
 Name
Annette C Fuerman
 Street Address (P.O. Box Number is Not Acceptable)
334 NW Third Avenue
 City
Ocala FL Zip Code
34475

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 *Annette C Fuerman, Agent* DATE **6-30-05**

Signature, typed or printed name of registered agent; and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA, JOSE L MR. 10461 NW 26 STREET MIAMI, FL 33172 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AROCHA, MARIANELA MS. 10461 NW 26 STREET MIAMI, FL 33172 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTINEZ, EDUARDO MR. 10461 NW 26 STREET MIAMI, FL 33172 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *J. C. Garcia* DATE: **6-30-05** DAYTIME PHONE #: **352-732-0171**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT
14018444
P04-000028063
DUGGAN, JOINER & COMPANY
CERTIFIED PUBLIC ACCOUNTANTS



MALCOLM R. DUGGAN, JR., RETIRED
CHARLES D. JOINER, JR., 4/23/28-12/12/00
FRANK E. STAFFORD, JR., C.P.A.*
EDWARD J. FURMAN, C.P.A.*
O.H. DANIELS, JR., C.P.A.*, CFP
R. PHILLIP BLEDSOE, C.P.A.*, CFP
CAROLE A. WRIGHT, C.P.A.*
ANNETTE C. FURMAN, C.P.A.*
LAURA J. ALLEN, C.P.A.*, CFP

334 N.W. THIRD AVENUE • OCALA, FLORIDA 34475
PHONE (352) 732-0171 • FAX (352) 867-1370
WWW.DJCoCPA.COM

Members

AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

* REGULATED BY THE STATE OF FLORIDA

JAMIE S. HAMPY, C.P.A.*
PATRICIA A. LANCASTER, C.P.A.*, CFP

WAYNE J. BIRKENMEYER, C.P.A.*
JULIE A. POOLE, C.P.A.*
LEIGH ANN SAPUTO, C.P.A.*
SHEILA A. BARTCZAK, C.P.A.*
GWYNNE M. LEWIS, C.P.A.*
JEREMY P. APPLGATE, C.P.A.*

July 5, 2005

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Plainsun Investment, Corporation

Dear Division of Corporations:

Enclosed is the completed 2005 Annual for the above corporation, including a check for payment of the \$150.00 fee and a copy of your correspondence dated May 5, 2005.

Please accept the return as timely filed since the correspondence was sent to the wrong mailing address and had to be forwarded to me.

Thank you for your assistance in the matter. Please feel free to contact me if you require additional information.

Most Sincerely,

Annette C. Furman
Certified Public Accountant

Enclosures