

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000052304	
1. Entity Name PL DEVELOPMENT-B, INC.	

Principal Place of Business 1840 PHILLIPPI SHORES DR SARASOTA, FL 34231	Mailing Address P.O. BOX 20708 SARASOTA, FL 34276
---	---



04252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0996375	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent SEIDER, WILLIAM 200 S ORANGE AVE SARASOTA, FL 34236
--

**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 _____
Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARRION, JAIME S 3665 BEE RIDGE RD STE 310 SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MORRIS, ROBERT A JR 1840 PHILLIPPI SHORES DR SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MORRIS, ROBERT A III 1840 PHILLIPPI SHORES DR SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST THOMAS, DORA MARIA C 3665 BEE RIDGE RD SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000543224
05/10/06-80129-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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: 	ROBERT A MORRIS JR PRESIDENT	4/27/06	941-923-6353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #