


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P04000087102

1. Entity Name
PL DEVELOPMENT-E, INC.



Principal Place of Business
1840 PHILLIPPI SHORES DRIVE
SARASOTA, FL 34231

Mailing Address
PO BOX 20708
SARASOTA, FL 34276



04252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1210814 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SEIDER, WILLIAM M
200 SOUTH ORANGE AVE
SARASOTA, FL 34236

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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 _____ DATE _____
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
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	D
NAME	CARRION, JAIME S
STREET ADDRESS	3665 BEE RIDGE ROAD STE 310
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	DP
NAME	MORRIS, ROBERT A
STREET ADDRESS	1840 PHILLIPPI SHORES DRIVE
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	V
NAME	MORRIS, III, ROBERT A.
STREET ADDRESS	1840 PHILLIPPI SHORES DRIVE
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	ST
NAME	THOMAS, DORA MARIA C.
STREET ADDRESS	3665 BEE RIDGE ROAD
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/10/06-80129-018 150.00

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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 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 #