


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90416 001 ***150.00

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	
2. Principal Place of Business - No P.O. Box # 1921 Monte Carlo Drive		3. Mailing Address	
Suite, Apt. #, etc. Unit 703		Suite, Apt. #, etc.	
City & State Sarasota, Florida		City & State	
Zip 34231 Country USA		Zip Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SEIDER, WILLIAM M 200 SOUTH ORANGE AVE SARASOTA, FL 34236		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRION, JAIME S	NAME	
STREET ADDRESS	3665 BEE RIDGE ROAD STE 310	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34231	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, ROBERT A	NAME	MORRIS, ROBERT A JR
STREET ADDRESS	1840 PHILLIPPI SHORES DRIVE	STREET ADDRESS	1921 MONTE CARLO DRIVE, UNIT 703
CITY-ST-ZIP	SARASOTA, FL 34231	CITY-ST-ZIP	SARASOTA, FLORIDA 34231
TITLE	V <input type="checkbox"/> Delete	TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, III, ROBERT A.	NAME	MORRIS, ROBERT A III
STREET ADDRESS	1840 PHILLIPPI SHORES DRIVE	STREET ADDRESS	1921 MONTE CARLO DRIVE, UNIT 703
CITY-ST-ZIP	SARASOTA, FL 34231	CITY-ST-ZIP	SARASOTA, FLORIDA 34231
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, DORA MARIA C.	NAME	
STREET ADDRESS	3665 BEE RIDGE ROAD	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34233	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Robert A. Morris, Jr.</i>		ROBERT A. MORRIS, JR, PRESIDENT	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 04/27/07 Daytime Phone #: 941-923-6353	

