


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000087102</b> 1. Entity Name PL DEVELOPMENT-E, INC.	
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Principal Place of Business 1921 MONTE CARLO DRIVE UNIT 703 SARASOTA, FL 34231	Mailing Address PO BOX 20708 SARASOTA, FL 34276
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**DO NOT WRITE IN THIS SPACE**



04182008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1210814	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  SEIDER, WILLIAM M 200 SOUTH ORANGE AVE SARASOTA, FL 34236
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U000000935398 05/23/08-80072-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRION, JAIME S 3665 BEE RIDGE ROAD STE 310 SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORRIS, ROBERT A 1921 MONTE CARLO DRIVE UNIT 703 SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORRIS, III, ROBERT A. 1921 MONTE CARLO DRIVE UNIT 703 SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST THOMAS, DORA MARIA C. 3665 BEE RIDGE ROAD SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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.

<b>SIGNATURE:</b>  <b>ROBERT A. MORRIS, JR, PRESIDENT</b>	<b>04/21/2008</b>	<b>941-923-6353</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>