

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P04000087120

1. Entity Name
PL DEVELOPMENT-F, 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
20-1210848

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 AVENUE
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 date 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 ROAD SUITE 310
SARASOTA, FL 34231

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
MORRIS, ROBERT A JR
1840 PHILLIPPI SHORES DRIVE
SARASOTA, FL 34231

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
MORRIS, ROBERT A III
1840 PHILLIPPI SHORES DRIVE
SARASOTA, FL 34231

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
THOMAS, DORA MARIA C
3665 BEE RIDGE ROAD
SARASOTA, FL 34231

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000543207
05/10/06-80129-004 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT A MORRIS JR
PRESIDENT

4/27/06
Date

941-923-6353
Daytime Phone #