


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

| | |
|---|---|
| DOCUMENT # P04000087268 1. Entity Name PL DEVELOPMENT-D, INC. |  |
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|--|---|
| Principal Place of Business 1921 MONTE CARLO DR UNIT 703 SARASOTA, FL 34231 | Mailing Address PO BOX 20708 SARASOTA, FL 34276 |
|--|---|



04182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 20-1210769 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

SEIDER, WILLIAM M
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 RD STE 310 |
| CITY-ST-ZIP | SARASOTA, FL 34231 |
| TITLE | DP |
| NAME | MORRIS, ROBERT A JR. |
| STREET ADDRESS | 1921 MONTE CARLO DR UNIT 703 |
| CITY-ST-ZIP | SARASOTA, FL 34231 |
| TITLE | ST |
| NAME | THOMAS, DORA M |
| STREET ADDRESS | 3665 BEE RIDGE RD |
| CITY-ST-ZIP | SARASOTA, FL 34233 |
| TITLE | V |
| NAME | MORRIS, ROBERT A III |
| STREET ADDRESS | 1921 MONTE CARLO DR UNIT 703 |
| CITY-ST-ZIP | SARASOTA, FL 34231 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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U00000935388
 05/23/08-80069-025 150.00

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 04/21/2008 941-923-6353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #