



**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

4/15A/1

**FILED**  
**Jun 03, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90068 050 \*\*\*150.00

<b>DOCUMENT # P04000088731</b>					
1. Entity Name <b>PARK PLACE PROPERTIES OF CENTRAL FLORIDA, CORP.</b>					
Principal Place of Business <b>1851 BRIDGEWATER DRIVE LAKE MARY, FL 32746</b>			Mailing Address <b>1851 BRIDGEWATER DRIVE LAKE MARY, FL 32746</b>		
2. Principal Place of Business			3. Mailing Address		
Subs, Apt. #, etc.			Subs, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number <b>EIN# 34-200057</b>				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 <b>OTTO, TAMMY 1858 BRIDGEWATER DRIVE LAKE MARY, FL 32746</b>			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			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 date if applicable. (NOTE: Registered Agent signature required when submitting)</small>					
FILE NOW!! FEE IS \$150.00 After May 1, 2005 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	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SKALKO, JAMES A		NAME		
STREET ADDRESS	1858 BRIDGEWATER DRIVE		STREET ADDRESS		
CITY - ST - ZIP	LAKE MARY, FL 32746		CITY - ST - ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OTTO, TAMMY		NAME		
STREET ADDRESS	1858 BRIDGEWATER DRIVE		STREET ADDRESS		
CITY - ST - ZIP	LAKE MARY, FL 32746		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		
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 exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 taxpayer 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; changed, or on an attachment with an address with all other files empowered.					
SIGNATURE: 			TAMMY OTTO		3-4-05 (407) 833-0145
<small>Signature, typed or printed name of person filing on behalf of</small>			<small>Date</small>		<small>Phone Area #</small>