FOR PROFIT CORPORATION ANNUAL REPORT

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FILED

11 MAY 23 PM 3:51

SECRETARY OF STATE TALLAHASSEE FLORIDA

DOCUMENT # P04000122879

1. Entity Name

PTG PARKING, INC.

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CR2E034B (1/11)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
PTG Parking	Philip T. Gori
Suite, Apt. #, etc. 2840 Hammondville	Suite, Apt. #, etc. 195 Alexander Palm
City & State Pompano Bch FL	City & State Boca Raton FL
Zip 33069 Country	Zip 33432 Country

4. FEI Number 51-0522784 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name Larry Bishins

Street Address (P.O. Box Number is Not Acceptable)

4548 N. Fed Hwy

City Ft. Laud - FL FL Zip Code 33308

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 title if applicable (NOTE Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

E-mail Address: PhilTGori@Gmail.com
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE	Pres
NAME	Philip T. Gori
STREET ADDRESS	195 Alexander Palm
CITY-ST-ZIP	Boca Raton FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.*

SIGNATURE: Philip T. Gori 5-15-11 954-822-2211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #