

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2008 8:00 am**  
**Secretary of State**

03-11-2008 90018 031 \*\*\*150.00

|   |   |   |  |                                |  |
|---|---|---|--|--------------------------------|--|
| <b>DOCUMENT # P05000004350</b><br>1. Entity Name<br><b>PLAZA II - W.G., INC.</b>  |   |   |  |                                |  |
| Principal Place of Business<br><b>2515 SR 7<br/>#230<br/>WELLINGTON, FL 33414</b>   |   |   | Mailing Address<br><b>2515 SR 7<br/># 230<br/>WELLINGTON, FL 33414</b>   |                                |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country  |   |   | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country   |                                |  |
| 4. FEI Number<br><b>20-2340496</b>  |   |   | Applied For<br><input type="checkbox"/> Not Applicable   |                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |   | <b>\$8.75 Additional Fee Required</b>  |                                |  |
| <b>6. Name and Address of Current Registered Agent</b><br><b>KRALL, MARK L<br/>616 E. ATLANTIC AVENUE<br/>DELRAY BEACH, FL 33483</b>  |   |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br><b>Marc Stanley</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2515 SR 7, Suite 230</b><br>City<br><b>Wellington FL</b> Zip Code <b>33414</b> |                                |  |
| 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.<br>SIGNATURE <b>2-13-08</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |   |  |                                |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>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> |  |                                |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>GERTZ, RICHARD D SR<br>616 E ATLANTIC AVE<br>DELRAY BEACH, FL 33483 | <input type="checkbox"/> Delete   |  |                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br>STANLEY, MARK D<br>2515 SR 7 #230<br>WELLINGTON, FL 33414           | <input type="checkbox"/> Delete   |  |                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br>GERTZ JR, RICHARD D<br>2515 SR # 230<br>WELLINGTON, FL 33414        | <input type="checkbox"/> Delete   |  |                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br>DICOROLIS, MARK<br>2515 SR 7 # 230<br>WELLINGTON, FL 33414          | <input type="checkbox"/> Delete   |  |                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | [Empty]   | <input type="checkbox"/> Delete   |  |                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | [Empty]   | <input type="checkbox"/> Delete   |  |                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | [Empty]   | <input type="checkbox"/> Delete   |  |                                |  |
| 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>MARC D. STANLEY</b>  |   | <b>2-13-08</b>  |  | <b>954-4101835</b>             |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   | <small>Date</small>   |  | <small>Daytime Phone #</small> |  |