



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000053404</b>					
<b>1. Entity Name</b> P.L.U.G., INC.					
<b>Principal Place of Business</b> 1127 GOODRICH AVENUE SARASOTA, FL 34236 US			<b>Mailing Address</b> 1127 GOODRICH AVENUE SARASOTA, FL 34236 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		  03242004    Chg-P    CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>4. FEI Number</b> 65-0427658				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
YETTER, DONALD W 1111 NINTH AVENUE WEST STE B BRADENTON, FL 34205			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL    Zip Code		
<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.</b>					
SIGNATURE _____ <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</b> After May 1, 2004 Fee will be \$550.00		<b>9. Election Campaign Financing</b> 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 NAME STREET ADDRESS CITY - ST - ZIP	PD DANON, PASCAL 1127 GOODRICH AVENUE SARASOTA, FL 34236	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition 1100000110593 04/12/04-80089-013 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FAIELL, JON 1127 GOODRICH AVENUE SARASOTA, FL 34236	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD EASLEY, KYLE 1127 GOODRICH AVENUE SARASOTA, FL 34236	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHASSANG, GERALD 1127 GOODRICH AVENUE SARASOTA, FL 34236	<input type="checkbox"/> Delete		D/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
4/28/04    941-906-9685 <small>Date    Daytime Phone #</small>					