


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000013182**  
 1. Entity Name  
**NORTH SOUTH PLAZA, INC.**



Principal Place of Business      Mailing Address  
**1281 OLD DIXIE HWY**                      **686 THIRD PLACE**  
**VERO BEACH, FL 32960**                      **VERO BEACH, FL 32962**

**DO NOT WRITE IN THIS SPACE**



04182005    No Chg-P    CR2E034 (10/03)

4. FEI Number                      Applied For  
**59-3363013**                      Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**BOBBY J HIERS**  
**686 3RD PLACE**  
**VERO BEACH, FL 32962**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HIERS, BOBBY J 686 3RD PLACE VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GIANOTTI, SHELLY R 2230 80TH CT VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FOWLER, KELLY K 2235 80TH CT VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOCKENHULL, STACY A 715 36TH AVE VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTE, PAMELA 410 3RD LANE SW VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000318208  
 04/20/05-80045-020 150.00

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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.

SIGNATURE       Date **4-18-05**      Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR