

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 05, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000036677**

1. Entity Name  
**DUNNELLON PLAZA MANAGEMENT, INC.**



Principal Place of Business  
**2605 SW 33RD ST  
BLDG 200  
OCALA, FL 34474 US**

Mailing Address  
**P O BOX 2495  
OCALA, FL 34478 US**



06302005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0582923**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DAY, JAMES E  
2605 SW 33RD ST  
OCALA, FL 34474**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

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  
SCHACK, MICHAEL  
3181 N 34TH ST  
HOLLYWOOD, FL 33021**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
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STREET ADDRESS  
CITY- ST- ZIP

U00000370570  
07/05/05-80018-025 150.00

U00000370570  
07/05/05-80018-026 400.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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

James E Day

6/30/05

352/369-9881