

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90081 032 ***150.00

DOCUMENT # P95000048989

1. Entity Name

PARK PLACE PLAZA, INC.



Principal Place of Business

140 W MONROE ST
JACKSONVILLE FL 32202
US

Mailing Address

P.O. BOX 2426
ORANGE PARK FL 32067
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3363849

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUYERS, DAVID
2412 STOCKTON DR
GREEN COVE SPRINGS FL 32043

Name

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

City

FL

Zip Code

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 \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|--|
| TITLE | DST | <input type="checkbox"/> Delete |
| NAME | GAUDRY, CHARLES L JR | |
| STREET ADDRESS | 10518 FT GEORGE RD | |
| CITY-ST-ZIP | JACKSONVILLE FL 32226 | |
| TITLE | DV | <input checked="" type="checkbox"/> Delete |
| NAME | KNIGHT, ROBERT M | |
| STREET ADDRESS | 10518 FT GEORGE RD | |
| CITY-ST-ZIP | JACKSONVILLE FL 32226 | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | VAN WINKEL, ROBERT | |
| STREET ADDRESS | 10518 FT GEORGE RD | |
| CITY-ST-ZIP | JACKSONVILLE FL 32226 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | MUYRES, DAVID J | |
| STREET ADDRESS | 2412 STOCKTON DR | |
| CITY-ST-ZIP | GREEN COVE SPRINGS FL 32043 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David M. Myers **DAVID MUYRES**

Date

1/24/04

Daytime Phone #

904
219-7407