

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90247 030 ***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**

40000195



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3363849	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent

**MUYRES, DAVID
2412 STOCKTON DR
GREEN COVE SPRINGS, FL 32043**

**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 \$150.00
After May 1, 2007 Fee will be \$550.00**

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	DST GAUDRY, CHARLES L JR 4419 HARBOUR ISLAND DRIVE JACKSONVILLE, FL 32225
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV VAN WINKEL, ROBERT 13074 AUTUMN RIVER ROAD JACKSONVILLE, FL 32224
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUYRES, DAVID J 2412 STOCKTON DR GREEN COVE SPRINGS, FL 32043
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

David J. Muyres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-07

*904
219-7407*