

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000049948

1. Entity Name
PLATT STREET PROPERTY, INC.



Principal Place of Business

**901 W. PLATT
TAMPA, FL 33606 US**

Mailing Address

**2014A E 7TH AVE
TAMPA, FL 33605**

DO NOT WRITE IN THIS SPACE



03022004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3328873

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MILLER, RANDELL
315 HYDE PARK AVENUE
TAMPA, FL 33605**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CAPITANO, ANTOINETTE
STREET ADDRESS	11416 LINARBOR PLACE
CITY - ST - ZIP	TEMPLE TERRACE, FL 33617
TITLE	D
NAME	HELLNER, CATHERINE V
STREET ADDRESS	2040 BRADSHIRE DR
CITY - ST - ZIP	MOBILE, AL 36695
TITLE	D
NAME	VENTO, SAMUEL P
STREET ADDRESS	3915 WILLOWOOD DRIVE
CITY - ST - ZIP	MARTINEZ, GA 30907
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1007000143529
04/30/04-80099-014 150.00

**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 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:

Antoinette V. Capitano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04-28-04

Daytime Phone #