

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90042 023 ***150.00

DOCUMENT # P95000082456					
1. Entity Name 750 PLAZA SUITES, INC.					
Principal Place of Business 213 HARRISON STREET TITUSVILLE, FL 32780			Mailing Address 213 HARRISON STREET TITUSVILLE, FL 32780		
2. Principal Place of Business 1692 W. Hibiscus Blvd. Suite, Apt. #, etc.		3. Mailing Address 1692 W. Hibiscus Blvd. Suite, Apt. #, etc.			
City & State Melbourne, FL		City & State Melbourne, FL		4. FEI Number 59-3353987	
Zip 32901		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITTAKER, KENNETH A 1692 W HIBISCUS BLVD MELBOURNE, FL 32901				7. Name and Address of New Registered Agent 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 _____ (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 <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: _____ NAME: KIRK, R W STREET ADDRESS: 1692 W HIBISCUS AVE CITY-ST-ZIP: MELBOURNE, FL 32901	<input checked="" type="checkbox"/> Delete		TITLE: _____ NAME: Kenneth A. Whittaker STREET ADDRESS: 1692 W. Hibiscus Blvd. CITY-ST-ZIP: Melbourne, FL 32901	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 2-11-04 Daytime Phone #: 321-723-3352		