

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000000662

1. Entity Name
THE PLAY STAY-TION, INC.



Principal Place of Business
**11629 SAN JOSE BLVD.
SUITE 1
JACKSONVILLE, FL 32223**

Mailing Address
**11629 SAN JOSE BLVD.
SUITE 1
JACKSONVILLE, FL 32223**



04242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3357692

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**EVANS, JOHN L.
2938 FRONT ROAD
JACKSONVILLE, FL 32257**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**U000000932997
05/22/08-80075-020 150.00**

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	EVANS, MARGARET A
STREET ADDRESS	2938 FRONT ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	DP
NAME	EVANS, JOHN L
STREET ADDRESS	2938 FRONT ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	S
NAME	EVANS, JOHN L
STREET ADDRESS	2938 FRONT ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32257
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: John L. Evans - Pres. **4/24/08** **465-2324**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JOHN L. EVANS