

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000018814

1. Entity Name
PLUMLEE, INC.



Principal Place of Business
**401 FERRIS ST
GREEN COVE SPEINGS, FL 32043 US**

Mailing Address
**PO BOX 1044
GREEN COVE SPEINGS, FL 32043 US**

DO NOT WRITE IN THIS SPACE



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3372315

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BROWN, BERNICE P
3085 REVELS RD
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 DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DB
NAME	BROWN, BERNICE P
STREET ADDRESS	3075 REVELS RD
CITY - ST - ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	V
NAME	BROWN, WILLIAM F
STREET ADDRESS	3075 REVELS RD
CITY - ST - ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	S
NAME	JENNER, SHERRY
STREET ADDRESS	5926 KNOLLWOOD RD
CITY - ST - ZIP	GREEN COVE SPRINGS, FL
TITLE	T
NAME	BROWN, FREDERICK D
STREET ADDRESS	3085 REVELS RD
CITY - ST - ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1100000389828
01/23/06-80001-001 158.75

**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: **BERNICE BROWN** 1-11-06 904284-1775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #