

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90326 027 \*\*\*150.00

<b>DOCUMENT # P96000043212</b>					
<b>1. Entity Name</b> PALM HARBOR PLAZA, INC.					
<b>Principal Place of Business</b> 2910 W BAY TO BAY BLVD STE 200 TAMPA, FL 33629 US			<b>Mailing Address</b> 2910 W BAY TO BAY BLVD STE 200 TAMPA, FL 33629 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 3410 Henderson Blvd.		<b>3. Mailing Address</b> 3410 Henderson Blvd.			
Suite, Apt. #, etc. <b>200</b>		Suite, Apt. #, etc. <b>200</b>			
City & State <b>Tampa FL</b>		City & State <b>Tampa FL</b>			
Zip <b>33609</b> Country <b>USA</b>		Zip <b>33609</b> Country <b>USA</b>			
<b>4. FEI Number</b> 59-3392831			Applied For <input type="checkbox"/> Not Applicable		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>  SMITH, W.L. 101 EAST KENNEDY BLVD. SUITE 3700 TAMPA, FL 33602			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST KENNEDY, DAVID A 2910 W BAY TO BAY BLVD STE 200 TAMPA, FL 33629 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3410 Henderson Blvd, #200 Tampa FL 33609	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KENNEDY, JOSEPH A 2910 W BAY TO BAY BLVD., STE 200 TAMPA, FL 33629 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3410 Henderson Blvd, #200 Tampa FL 33609	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GIBSON, WILLIAM L 2910 W BAY TO BAY BLVD., STE 200 TAMPA, FL 33629 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOHACEK, ERIN 2910 W BAY TO BAY BLVD, STE 200 TAMPA, FL 33629 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3410 Henderson Blvd, #200 Tampa FL 33609	
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	
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	
<b>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.</b>					
<b>SIGNATURE:</b>			<b>4-23-08</b>		<b>813-554-1200</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #