

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000047608

1. Entity Name
PLAIN CORPORATION



Principal Place of Business
**1001 E. ATLANTIC AVE
SUITE 202
DELRAY BEACH, FL 33483 US**

Mailing Address
**1001 E. ATLANTIC AVE
SUITE 202
DELRAY BEACH, FL 33483 US**



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0914020

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

**000000676300
03/30/07-80053-014 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WALSH, MARK
STREET ADDRESS	1001 EAST ATLANTIC AVE, SUITE 202
CITY-ST-ZIP	DELRAY BEACH, FL
TITLE	D
NAME	WALSH, MICHAEL
STREET ADDRESS	1001 E. ATLANTIC AVE, SUITE 202
CITY-ST-ZIP	DELRAY BEACH, FL
TITLE	D
NAME	WALSH, WILLIAM
STREET ADDRESS	1000 MARKET STREET, SUITE 300
CITY-ST-ZIP	PORTSMOUTH, NH 03801
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 an other live empowered.

SIGNATURE: Mark Walsh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/07
Date

(561) 279-9400
Daytime Phone #

Mark Walsh, Director