

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90378 045 \*\*\*150.00

**DOCUMENT # P97000062005**

1. Entity Name

PLANTATION OFFICE PARK II, INC.



Principal Place of Business

4350 WEST SUNRISE BLVD

~~422-1170~~

PLANTATION, FL 33313 US

Mailing Address

4350 WEST SUNRISE BLVD

~~422-1170~~

PLANTATION, FL 33313 US



02032005

No Chg-P

CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0817543

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

TEPPS, JEROME L  
3411 POWERLINE ROAD  
SUITE 701  
FORT LAUDERDALE, FL 33309

WILLIAM SHIBROS  
PLANTATION BUSINESS PARK  
4350 WEST SUNRISE BLVD  
#119D  
PLANTATION, FL 33313

**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

*William R. Shibros, Jr.*

Signature of individual 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	SCHUMAN, PHILLIP R
STREET ADDRESS	4350 WEST SUNRISE BLVD. #119D
CITY-ST-ZIP	PLANTATION, FL 33313
TITLE	VD
NAME	WILLIAM R. SHIBROS, JR.
STREET ADDRESS	4350 WEST SUNRISE BLVD. #119D
CITY-ST-ZIP	PLANTATION, FL 33313
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

*William R. Shibros, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/05  
Date

954-567 3227  
Daytime Phone #