


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90009 045 ***150.00

DOCUMENT # P97000074801 1. Entity Name PLF, INC.					
Principal Place of Business COMMUNICATIONS SALES CO. 835 LEE RD ORLANDO, FL 32810			Mailing Address COMMUNICATIONS SALES CO. 835 LEE RD ORLANDO, FL 32810		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3464810	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FINKE, PAMELA L 448 MEADOWOOD BOULEVARD FERN PARK, FL 32730			7. Name and Address of New Registered Agent Name PAMELA L. FINKE Street Address (P.O. Box Number is Not Acceptable) 216 Brom Bones Lane City LONGWOOD FL Zip Code 32750		
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: <u><i>Pamela L. Finke</i></u> DATE: <u>7-1-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FINKE, PAMELA L 448 MEADOWOOD BLVD. FERN PARK, FL 32730	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	216 Brom Bones Lane LONGWOOD, FL 32750	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS FINKE, JOHN B 448 MEADOWOOD BLVD. FERN PARK, FL 32730	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	same as above	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Pamela L. Finke</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>7-1-04</u>		Daytime Phone #: <u>407-628-8005</u>

44046756



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