

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000106398

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: F.C. PLATT, INC.

**Current Principal Place of Business:**

2200 SIMON ROAD  
MELBOURNE, FL 32904

**New Principal Place of Business:**

**Current Mailing Address:**

2200 SIMON ROAD  
MELBOURNE, FL 32904

**New Mailing Address:**

FEI Number: 59-3484200      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PLATT, JANET P  
2220 SIMON RD  
MELBOURNE, FL 32904      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: F CARLYLE PLATT  
Address: 2200 SIMON RD  
City-St-Zip: MELBOURNE, FL 32904

Title: TSD ( ) Delete  
Name: PLATT, JANET P  
Address: 2200 SIMON RD  
City-St-Zip: MELBOURNE, FL 32904

Title: D ( ) Delete  
Name: SANDRA P LOVETT  
Address: 2500 SIMON RD  
City-St-Zip: MELBOURNE, FL 32904

Title: D ( ) Delete  
Name: JUDITH P ARNOLD  
Address: 12700 E IRLLO BRONSON HWY  
City-St-Zip: ST CLOUD, FL 34773

Title: D ( ) Delete  
Name: CARYL P UNGERER  
Address: 6250 NE 20TH TERRACE  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D ( ) Delete  
Name: PLATT, DOUGLAS  
Address: 3300 SAND GULLEY DR  
City-St-Zip: MELBOURNE, FL 32904

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANET P. PLATT

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

TSD

04/23/2009

\_\_\_\_\_ Date