


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000027805
 1. Entity Name
 PLAZA ON THE PARK, INC.



Principal Place of Business Mailing Address
 13100 PARK BLVD 13100 PARK BLVD
 STE B STE B
 SEMINOLE, FL 33776 SEMINOLE, FL 33776

DO NOT WRITE IN THIS SPACE



02112007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 59-3524897 Not Applicable

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

6. Name and Address of Current Registered Agent
 DIVITO, JOSEPH A
 4514 CENTRAL AVENUE
 ST. PETERSBURG, FL 33711

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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**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BICKEY, MINDY
STREET ADDRESS	13100 PARK BLVD STE B
CITY-ST-ZIP	SEMINOLE, FL 33776
TITLE	D
NAME	BICKEY, NICHOLAS
STREET ADDRESS	13100 PARK BLVD STE B
CITY-ST-ZIP	SEMINOLE, FL 33776
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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 03/01/07-80063-010 150.00

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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.

SIGNATURE: *X [Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
 Date: *X 2/19/07 (927) 397-0746* Daytime Phone #