

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90197 039 \*\*\*150.00

**DOCUMENT # P98000068509**

1. Entity Name  
PGL OF KISSIMMEE INC.



Principal Place of Business  
23 S. DILLINGHAM AVE  
SUITE A  
KISSIMMEE, FL 34741 US

Mailing Address  
23 S. DILLINGHAM AVE  
SUITE A  
KISSIMMEE, FL 34741 US

60044506



01172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3532052

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

LUPFER, SAM L III  
~~1021 ANORADA BLVD~~  
~~KISSIMMEE, FL 34744~~  
Lupfer, Barbara Trustee  
1741 Saint Tropez Ct.  
Kissimmee, FL 34744

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

4.24.06  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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 LUPFER, SAM L III  
STREET ADDRESS ~~1021 ANORADA BLVD~~  
CITY-ST-ZIP ~~KISSIMMEE, FL 34744~~  
Lupfer, Barbara Trustee  
1741 Saint Tropez Ct.  
Kissimmee, FL 34744

TITLE VP  
NAME PARSONS, RAY  
STREET ADDRESS 220 E. MONUMENT AVE.  
CITY-ST-ZIP KISSIMMEE, FL 34741

TITLE S/T  
NAME GUYNN, ROBERT R  
STREET ADDRESS 2388 WINDWARD COVE  
CITY-ST-ZIP KISSIMMEE, FL 34746

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 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: Robert R. Guyann  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.24.06  
Date

Daytime Phone #