

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



03302007 No Chg-P CR2E034 (11/05)

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, BARBARA
1741 SAINT TROPEZ ST
KISSIMMEE, FL 34744**

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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*

Signature, typed 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, 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	T
NAME	LUPFER, BARBARA
STREET ADDRESS	1741 SAINT TROPEZ CT
CITY-ST-ZIP	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	

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05/14/07-80038-024 150.00

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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

Date

Daytime Phone #