

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90024 042 ***150.00

DOCUMENT # P99000006779

1. Entity Name
PARK PLACE OF ST. AUGUSTINE, INC.



Principal Place of Business Mailing Address

13777 BELCHER RD **13777 BELCHER RD**
LARGO, FL 33771 **LARGO, FL 33771**

94025759



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

01292004 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number Applied For

59-3555612 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

SOCKOL, DAVID J ESQ
111 SECOND AVE NE
PLAZA TOWER, SUITE 1401
SAINT PETERSBURG, FL 33701

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

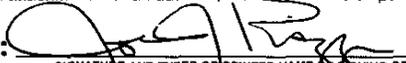
10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	PIAZZA, JOHN J SR	
STREET ADDRESS	13777 BELCHER RD	
CITY-ST-ZIP	LARGO, FL 33771	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIAZZA, ROSEMARY E	
STREET ADDRESS	13777 BELCHER RD	
CITY-ST-ZIP	LARGO, FL 33771	
TITLE	T	<input type="checkbox"/> Delete
NAME	LENTINI, VINCENT J	
STREET ADDRESS	13777 BELCHER RD	
CITY-ST-ZIP	LARGO, FL 33771	
TITLE	S	<input type="checkbox"/> Delete
NAME	LOMBARDI, RITA A	
STREET ADDRESS	13777 BELCHER RD	
CITY-ST-ZIP	LARGO, FL 33771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **John J. Piazza** **2/19/2004** **727-726-3310**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #