

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000022489

1. Entry Name
PLAUCO REFINING COMPANY., INC.



Principal Place of Business
9780 CREEKFRONT ROAD, SUITE 505
JACKSONVILLE, FL 32256

Mailing Address
P.O. BOX 550574
JACKSONVILLE, FL 32255-0574



04222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3562063

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DONSKY, DOUGLAS
9780 CREEKFRONT ROAD, SUITE 505
JACKSONVILLE, FL 32256

**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 _____

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, 2005 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 | DONSKY, DOUGLAS |
| STREET ADDRESS | 9780 CREEKFRONT ROAD, SUITE 505 |
| CITY - ST - ZIP | JACKSONVILLE, FL 32256 |
| TITLE | D |
| NAME | MEARS, CRAIG |
| STREET ADDRESS | 572 MAGNOLIA ST. |
| CITY - ST - ZIP | NEPTUNE BEACH, FL 32266 |
| TITLE | D |
| NAME | HARRISON, ROBERT |
| STREET ADDRESS | 2594 SPREADING OAKS LANE |
| CITY - ST - ZIP | JACKSONVILLE, FL 32223 |
| TITLE | D |
| NAME | KESSLER, FRANKLIN |
| STREET ADDRESS | 138 SANDCASTLE WAY |
| CITY - ST - ZIP | NEPTUNE BEACH, FL 32266 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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04/25/05-80148-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/05 904-641-4855

Date

Display Name 4