

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90137 043 ***150.00

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1. Entity Name
PLOOF CARRIERS CORP.



Principal Place of Business
1414 LINDROSE STREET
JACKSONVILLE, FL 32206

Mailing Address
1414 LINDROSE STREET
JACKSONVILLE, FL 32206

DO NOT WRITE IN THIS SPACE



03032006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3604700

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PENLAND, D.V. SR.
1300 WIGMORE STREET
JACKSONVILLE, FL 32206

**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, 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 PD
NAME PENLAND, D.V. SR.
STREET ADDRESS 1300 WIGMORE STREET
CITY-ST-ZIP JACKSONVILLE, FL 32206

TITLE STD
NAME PENLAND, CYNTHIA
STREET ADDRESS 1300 WIGMORE STREET
CITY-ST-ZIP JACKSONVILLE, FL 32206

TITLE VD
NAME PENLAND, DAVID JR.
STREET ADDRESS 1300 WIGMORE STREET
CITY-ST-ZIP JACKSONVILLE, FL 32206

TITLE VD
NAME PENLAND, THADDEUS
STREET ADDRESS 1300 WIGMORE STREET
CITY-ST-ZIP JACKSONVILLE, FL 32206

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

D V PENLAND SR 3/2/06 904-356-9322