

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 01, 2004 8:00 am
Secretary of State

06-01-2004 90004 043 ***150.00

DOCUMENT # P99000107948

1. Entity Name

PLEASANTVIEW OF PLANTATION, INC.



Principal Place of Business

4890 NORTH WEST 7 STREET
PLANTATION FL 33317

Mailing Address

4890 NORTH WEST 7 STREET
PLANTATION FL 33317

2. Principal Place of Business

4890 NW 7th St
Suite, Apt. #, etc.

3. Mailing Address

4890 NW 7th St
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Plantation Fla
33317

City & State

Plantation Fla
33317

4. FEI Number

65-0799687

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HINDS, AUDREY M
4890 NORTH WEST 7 STREET
PLANTATION FL 33317

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

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME HINDS, AUDREY M
STREET ADDRESS 4890 NORTH WEST 7 STREET
CITY-ST-ZIP PLANTATION FL 33317

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

Audrey M Hinds / Audrey M. Hinds 05.01.04 954-520-1762

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #