

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90038 035 \*\*\*150.00

40014090



<b>DOCUMENT # S35297</b> 1. Entity Name <b>PLAZA 444, INC.</b>					
Principal Place of Business <b>22286 VICK ST PORT CHARLOTTE, FL 33980</b>			Mailing Address <b>1881 CITRON ST PORT CHARLOTTE, FL 33980</b>		
2. Principal Place of Business - No P.O. Box # <b>1881 CITRON ST</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>PT CHARLOTTE FL</b>		City & State			
Zip <b>33980</b>	Country <b>USA</b>	Zip		Country	
4. FEI Number <b>65-0290161</b>			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>FEHR, JEFFREY 1881 CITRON ST PORT CHARLOTTE, FL 33980</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D FEHR, RONALD 615 FURROWS ROAD HOLTSVILLE, NY</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PST FEHR, JEFFREY 1881 CITRON ST PORT CHARLOTTE, FL 33980</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D FEHR, JEFFREY 1881 CITRON ST PORT CHARLOTTE, FL 33980</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VS FEHR, JERRY 32510 WASHINGTON LOOP RD PUNTA GORDA, FL 33982</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b>		<b>JEFFREY FEHR</b>		1/17/08	941-625-4746
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	