

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V06561

Entity Name: PLASKON ENTERPRISES INC

FILED
Jan 15, 2005
Secretary of State

Current Principal Place of Business:

6220 SAINT IVES BLVD
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

6220 SAINT IVES BLVD
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 59-3099912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLASKON, ROBERT
6220 SAINT IVES BLVD
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PLASKON, ROBERT
Address: 6220 SAINT IVES BLVD
City-St-Zip: ORLANDO, FL

Title: SD () Delete
Name: PLASKON, OLA
Address: 6220 SAINT IVES BLVD
City-St-Zip: ORLANDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PLASKON, ROBERT D
Address: 6220 SAINT IVES BLVD
City-St-Zip: ORLANDO, FL

Title: SD (X) Change () Addition
Name: PLASKON, OLA C
Address: 6220 SAINT IVES BLVD
City-St-Zip: ORLANDO, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT D. PLASKON

PRES

01/15/2005

Electronic Signature of Signing Officer or Director

Date