

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000102841

**Entity Name:** PARK PLACE ANTIQUES, INC.

**Current Principal Place of Business:**

11727 OAK ST  
P O BOX 31  
SAN ANTONIO, FL 33576

**Current Mailing Address:**

PO BOX 31  
SAN ANTONIO, FL 33576 US

**FEI Number: 59-3687543**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BURKE, ELIZABETH A  
11727 OAK ST  
P O BOX 31  
SAN ANTONIO, FL 33576 US

*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

**Officer/Director Detail :**

Title PD  
Name BURKE, ELIZABETH A  
Address P.O. BOX 31  
City-State-Zip: SAN ANTONIO FL 33576

Title VD  
Name BURKE, L. WINIFRED  
Address P.O. BOX 763  
City-State-Zip: SAN ANTONIO FL 33576

Title STD  
Name CALVERT, BRUCE L  
Address P.O. BOX 31  
City-State-Zip: SAN ANTONIO FL 33576

*I hereby 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 all other like empowered.*

**SIGNATURE: ELIZABETH A. BURKE**

**PRESIDENT**

**01/23/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date