

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90140 007 ***150.00

DOCUMENT # 242513

1. Entity Name
PALM WORTH INC



Principal Place of Business
**2850 S. OCEAN BLVD.
PALM BEACH, FL 33480**

Mailing Address
**2850 S. OCEAN BLVD.
PALM BEACH, FL 33480**

50007044



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02022006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-1005463

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MC DONALD, JOHN L
2875 S. OCEAN BLVD. # 200
LAKE WORTH, FL 33460**

7. Name and Address of New Registered Agent

Name **Kenneth S. Direktor, Esq.**

Street Address (P.O. Box Number is Not Acceptable)

Becker + Poliakoff, P.A.

625 No. Flagler Drive, 7th Floor

City **West Palm Beach**

FL

Zip Code
33401

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** ☐ Delete
NAME **WALLIS, THOMAS**
STREET ADDRESS **2850 S OCEAN BLVD #40A**
CITY-ST-ZIP **PALM BEACH, FL 33480**

TITLE **SD** ☐ Delete
NAME **BRENNAN, LINDA**
STREET ADDRESS **2850 S OCEAN BLVD #305**
CITY-ST-ZIP **PALM BCH, FL 33480**

TITLE **DVP** ☒ Delete
NAME **GERWING, DAVID**
STREET ADDRESS **2850 S OCEAN BLVD #505**
CITY-ST-ZIP **PALM BEACH, FL 33480**

TITLE **D** ☐ Delete
NAME **CAIRNS, WALTER**
STREET ADDRESS **2850 S OCEAN BLVD #408**
CITY-ST-ZIP **PALM BEACH, FL 33480**

TITLE **T** ☐ Delete
NAME **MORGENSTERN, OSCAR**
STREET ADDRESS **2850 S. OCEAN BLVD #313**
CITY-ST-ZIP **PALM BEACH, FL 33480**

TITLE **DS** ☒ Delete
NAME **BRENNAN, LINDA**
STREET ADDRESS **2850 S. OCEAN BLVD. #305**
CITY-ST-ZIP **PALM BEACH, FL 33480**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VPD** ☒ Change ☐ Addition
NAME **GERWIG, DAVID**
STREET ADDRESS **2850 S OCEAN BLVD. #505**
CITY-ST-ZIP **PALM BEACH, FL 33480**

TITLE **D** ☐ Change ☒ Addition
NAME **BOYLE, ARTHUR**
STREET ADDRESS **5818 WASHINGTON BLVD.**
CITY-ST-ZIP **INDIANAPOLIS, IN 46220**

TITLE **D** ☐ Change ☐ Addition
NAME **CONGDON, ROBERT E.**
STREET ADDRESS **2850 S. OCEAN BLVD. #405**
CITY-ST-ZIP **PALM BEACH, FL 33480**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Thomas W. Wallis Thomas W. WALLIS President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-5884013
17 MAR 06