
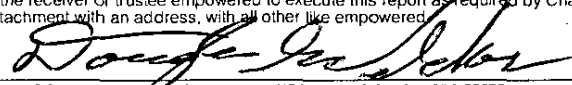


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90021 020 \*\*\*\*61.25

<b>DOCUMENT # N25768</b>					
1. Entity Name PALM BEACH PACKET GROUP, INC.					
Principal Place of Business 1043 WIDGEON ROAD WELLINGTON, FL 33414			Mailing Address 1043 WIDGEON ROAD WELLINGTON, FL 33414		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0020544	Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GREEN, JOHN H 1043 WIDGEON ROAD WEST PALM BEACH, FL 33414			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<input type="checkbox"/> \$5.00 May Be Added to Fees <b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHOFIELD, RICHARD E		NAME	ROBERT J TIMBERMAN	
STREET ADDRESS	2102 LAKE OSBORNE		STREET ADDRESS	P.O. Box 847	
CITY-ST-ZIP	LAKE WORTH, FL 33461		CITY-ST-ZIP	LAKE WORTH, FL 33460	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVER, HOWARD		NAME		
STREET ADDRESS	11 HUNTLY CIR		STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GARDENS, FL 33418		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASKAWITS, MARVIN N		NAME		
STREET ADDRESS	95 NORTH AMPTON 'E'		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33414		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCKER, DOUGLAS		NAME		
STREET ADDRESS	6660 KATHERINE RD		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33413		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, JOHN H		NAME		
STREET ADDRESS	1043 WIDGEON ROAD		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CZERMANN, ANDREW F		NAME		
STREET ADDRESS	2369 IDA WAY		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33415		CITY-ST-ZIP		
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 617, 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: 			Date: 8 Jan 04 501 686 3747		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		