


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P92000011495
 Entity Name
 4236 LAKE WORTH CORP.



Principal Place of Business 4236 LAKE WORTH ROAD LAKE WORTH, FL 33461 US	Mailing Address 712 U.S. HIGHWAY 1 SUITE 230 NORTH PALM BEACH, FL 33408 US
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04102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0388766	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEISEL, KEITH W P.A.
 712 US HWY ONE
 STE 230
 N PALM BCH, FL 3408

DO NOT WRITE IN THIS SPACE

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	D METZ, JOHN C 8008 S. FLAGLER COURT WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDONALD, ROBERT 2701 S. FLAGLER DRIVE WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SQUIRES, RICHARD 4229 COCHRAN CHAPEL RD. DALLAS, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/12/06-80030-014 150.00

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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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-06 561-684-2101
 Date Daytime Phone #