


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90061 035 ***150.00

DOCUMENT # P96000040975					
1. Entity Name PAH CO.					
Principal Place of Business 215 SOUTH OLIVE AVENUE STE #200 WEST PALM BEACH, FL 33401 US			Mailing Address % MCGRATH & MEYERS, P.A. 5725 CORPORATE WAY, #101 WEST PALM BEACH, FL 33407 US		
2. Principal Place of Business 700 South Olive Avenue Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State West Palm Beach, FL			City & State		
Zip 33401		Country		4. FEI Number 65-0691758	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ARNOLD, ROBERT J 215 SOUTH OLIVE AVENUE, STE. 200 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name: Gail C. Meyers Street Address (P.O. Box Number is Not Acceptable): c/o McGrath & Meyers PA 5725 Corporate Way #101 City: West Palm Beach FL Zip Code: 33407		
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: <i>Gail C. Meyers</i> DATE: 1/25/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DPTS <input type="checkbox"/> Delete NAME HALMOS, PETER STREET ADDRESS 215 SOUTH OLIVE AVENUE, STE. #200 CITY-ST-ZIP WEST PALM BEACH, FL 33401	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE V <input type="checkbox"/> Delete NAME ARNOLD, ROBERT J STREET ADDRESS 215 SOUTH OLIVE AVENUE, STE. #200 CITY-ST-ZIP WEST PALM BEACH, FL 33401	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		TITLE _____ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME =Gail C. Meyers STREET ADDRESS 5725 Corporate Way #101 CITY-ST-ZIP West Palm Beach FL 33407		
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
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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 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: <i>Gail C. Meyers</i> DATE: 1/25/04 DAYTIME PHONE: 561-684-6604 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					