

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000062649

**Entity Name:** WEST PALM BULB, INC.

**Current Principal Place of Business:**

4275 W OKEECHOBEE BLVD  
STORE E  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

1287 E NEWPORT CENTER DRIVE  
SUITE 207  
DEERFIELD BEACH, FL 33442

**FEI Number:** 65-0607140

**Certificate of Status Desired:** No

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

GRSOWSKY, JAKE  
1287 E NEWPORT CENTER DRIVE  
SUITE 207  
DEERFIELD BEACH, FL 33442 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 P  
Name CIVIN, MICHAEL  
Address 4275 OKEECHOBEE BLVD., STORE E  
City-State-Zip: WEST PALM BEACH FL 33409

Title VP  
Name CIVIN, STAN  
Address 4275 OKEECHOBEE BLVD., STORE E  
City-State-Zip: WEST PALM BEACH FL 33409

Title S  
Name GRSOWSKY, JAKE  
Address 1287 E NEWPORT CENTER DRIVE  
SUITE 207  
City-State-Zip: DEERFIELD BEACH FL 33442

*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:** JAKE GRSOWSKY

**CFO**

**04/04/2017**

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

\_\_\_\_\_  
Date