

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90036 030 ***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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
59-1005463

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIREKTOR, KENNETH S ESQ
BECKER & POLIAKOFF, P.A.
625 NORTH FLAGLER DR 7TH FLOOR
WEST PALM BEACH, FL 33401**

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPD ☐ Delete
NAME GERWIG, DAVID
STREET ADDRESS 2850 SOUTH OCEAN BLVD #505
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE S ☐ Change ☒ Addition
NAME THOMAS Wallis
STREET ADDRESS 2850 S. OCEAN BLVD. 409
CITY-ST-ZIP P.B., FL 33480

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

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

TITLE D ☐ Delete
NAME CONGDON, ROBERT E
STREET ADDRESS 2850 SOUTH OCEAN BLVD #405
CITY-ST-ZIP PALM BEACH, FL 33480

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

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

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

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

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

TITLE D ☐ Delete
NAME BOYLE, ARTHUR
STREET ADDRESS 5818 WASHINGTON BLVD
CITY-ST-ZIP INDIANAPOLIS, IN 46220

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/08 547-9306