

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # 252283

1. Entity Name
PALM BEACH DEVELOPMENT CORP



Principal Place of Business
505 SOUTH FLAGLER DRIVE
SUITE 1300
WEST PALM BEACH, FL 33401

Mailing Address
505 SOUTH FLAGLER DRIVE
SUITE 1300
WEST PALM BEACH, FL 33401



02212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0991123	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LASSITER, WILLIAM G. JR.
505 SOUTH FLAGLER DRIVE
SUITE 1300
WEST PALM BEACH, FL 33401

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U00000853355
03/26/08-80066-011 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LASSITER, WILLIAM G. JR 505 S FLAGLER DR., #1300 WEST PALM BCH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OWENS, MARTHA 505 S. FLAGLER DR., #1300 WEST PALM BCH, FL 33401
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

3/12/08
561-659-4422
Daytime Phone #