

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAR 16 AM 10:30

STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 280440

1. Entity Name
PALM BEACH HOLDING CORP

Principal Place of Business

6741 S. MILITARY TRAIL
LAKEWORTH FLA, 33463

Mailing Address

10400 GRIFFIN RD
SUITE 210
COOPER CITY, FL 33328 US



03042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1101040

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMSON, ROBERT
10400 GRIFFIN RD
SUITE 210
COOPER CITY, FL 33328

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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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/5/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May 15, 2004
Added to Fees

800030668698
03/17/04--01052--003 **150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME WILLIAMSON, ROBERT
STREET ADDRESS 10400 GRIFFIN RD STE1B21
CITY-ST-ZIP COOPER CITY, FL 00000

TITLE V
NAME MORSTADT, EDWARD G.
STREET ADDRESS 97 WEST PALMETTO ROAD
CITY-ST-ZIP LAKE WORTH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert Williamson Robert Williamson 3/5/04 854-434-7925