


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 280440</b> 1. Entity Name <b>PALM BEACH HOLDING CORP</b>		
Principal Place of Business <b>6741 S. MILITARY TRAIL LAKEWORTH FLA, 33463</b>	Mailing Address <b>10400 GRIFFIN RD SUITE 210 COOPER CITY, FL 33328 US</b>	



01072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1101040</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**WILLIAMSON, BARBARA  
10400 GRIFFIN RD  
SUITE 210  
COOPER CITY, FL 33328**

**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 \_\_\_\_\_

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 ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution ☐

U00000782337

01/15/08-80070-011 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILLIAMSON, BARBARA 10400 GRIFFIN RD STE 210 COOPER CITY, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORSTADT, EDWARD G. 97 WEST PALMETTO ROAD LAKE WORTH, FL
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**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:**

*Barbara Williamson* DP. **BARBARA WILLIAMSON** 1.9.2008 (954) 434.7925

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #