

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90244 020 \*\*\*150.00

**DOCUMENT # 453648**

1. Entity Name  
**PALM BEACH LINCOLN MERCURY, INC.**



Principal Place of Business  
**515 N. FLAGLER DRIVE  
STE 808  
WEST PALM BEACH, FL 33401**

Mailing Address  
**515 N. FLAGLER DRIVE  
STE 808  
WEST PALM BEACH, FL 33401 US**



2. Principal Place of Business

3. Mailing Address

03132006 Chg-P CR2E034 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**59-1533823**

Applied For  
Not Applicable

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

**FHS CORPORATE SERVICES INC.  
11780 U.S. HIGHWAY ONE  
SUITE 300  
NORTH PALM BEACH, FL 33408**

*(Moved - Address)  
(change Only)*

Name **FHS Corp. Services Inc.**

Street Address (P.O. Box Number is Not Acceptable)

**660 U.S. Highway One, 3rd Floor**

City **North Palm Beach**

**FL**

Zip Code **33408**

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**PDS  
CUILLO, ROBERT  
515 N. FLAGLER DRIVE STE 808  
WEST PALM BEACH, FL 33401**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**T  
HOTARY, MICHAEL  
515 N. FLAGLER DRIVE STE 808  
WEST PALM BEACH, FL 33401**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

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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: **Michael Hotary Treasurer** 42706 (561)478-4990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #