

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 20, 2004 08:00 AM
Secretary of State**

DOCUMENT # 513288

1. Entity Name
PALM BEACH CONFECTIONS, INC.



Principal Place of Business
**9485 W. ATLANTIC BLVD.
CORAL SPRINGS, FL 33071 US**

Mailing Address
**2875 CONGRESS AVE
SUITE G
DELRAY BEACH, FL 33445 US**



01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1691235

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GARDINER, PETER W
9231 N.W. 32 MANOR
SUNRISE, FL 33351**

**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, 2004 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	DP SOCH, ROBERT T 1100 SW 3 ST BOCA RATON, FL 33427
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS GARDINER, PETER W 9231 N.W. 32 MANOR SUNRISE, FL 33351
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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 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:  **Robert Soch** **1/14/04** **561-266-9066**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #