

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # 533651

1. Entity Name
PALACIO DEL SOL, INC.



Principal Place of Business
**5-A, 1500 PARK BEACH CIRCLE
PUNTA GORDA, FL 33950 US**

Mailing Address
**776 THORNWICK DR
PITTSBURGH, PA 15243 US**

DO NOT WRITE IN THIS SPACE



02292004 No Chg-P CR2E034 (10/03)

4. FEI Number
25-1332215

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WARE, MARTIN L
7351 KINGHURST DR
BOX 204
DELRAY BEACH, FL 33446**

**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**

**U000000076736
03/05/04-80014-008 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PCD
MC CREADY, WILLIAM B, JR
776 THORNWICK DR
PITTSBURGH, PA**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
MC CREADY, JAMES
311 CANTEBURY DR.
PITTSBURGH, PA**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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)(f), 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: *William B. McCready Jr* **WILLIAM B. MC CREADY JR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-04

Date

412-400-8125

Daytime Phone #