

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90111 045 \*\*\*150.00

**DOCUMENT # 643624**

1. Entity Name  
**JUBILEE OF PALM BEACH, INC.**



Principal Place of Business  
**1701 SKEES RD  
 WEST PALM BEACH, FL 33411**

Mailing Address  
**PO BOX 15498  
 W PALM BCH, FL 33416**

**50002780**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

02082006 Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2036539**

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

**SHARKEY, MICHAEL  
 1701 SKEES RD  
 WEST PALM BEACH, FL 33411**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  Delete  
 NAME SHARKEY, MICHAEL  
 STREET ADDRESS 6444 BRIDGEPORT LANE  
 CITY-ST-ZIP LAKE WORTH, FL 33463

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VPD  Delete  
 NAME SHARKEY, JAYNE  
 STREET ADDRESS 6444 BRIDGEPORT LANE  
 CITY-ST-ZIP LAKE WORTH, FL 33463

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE AT  Delete  
 NAME TESSMER, WILMA  
 STREET ADDRESS 1750 CONGRESS  
 CITY-ST-ZIP WEST PALM BEACH, FL 33409

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 Sharkey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-06

Date

561-689-6868

Daytime Phone #