

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2005 08:00 AM
Secretary of State

DOCUMENT # 757340

1. Entity Name
**PALM BEACH COUNTY PUBLIC BUILDING
CORPORATION, INC.**



Principal Place of Business
**301 N OLIVE AVE
W PALM BCH, FL 33401**

Mailing Address
**P.O. BOX 4036
ATTN: JOHN DAME
WEST PALM BEACH, FL 33402**



01202005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6000785

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NIEMAN, DENISE M
301 N. OLIVE AVE, STE 601
WEST PALM BEACH, FL 33401**

**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

**Filing Fee is \$61.25
Due by May 1, 2005**

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 | PD SELLARI, GARY B 301 N. OLIVE AVENUE, SUITE 601 WEST PALM BEACH, FL 33401 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HUDSPETH, GEORGE 301 N. OLIVE AVENUE, STE. 601 W. PALM BEACH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST SIMMS, SUSIE 301 N. OLIVE AVENUE, SUITE 601 WEST PALM BEACH, FL 33401 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PETERSEN, WANDA G 301 N. OLIVE AVENUE W. PALM BEACH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD WEEKES, LEON 301 N. OLIVE AVENUE, SUITE 601 WEST PALM BEACH, FL 33401 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

02/22/05-80030-001 61.25

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #