

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 AM
Secretary of State

DOCUMENT # 757340 1. Entity Name PALM BEACH COUNTY PUBLIC BUILDING CORPORATION, INC.	
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Principal Place of Business 301 N OLIVE AVE W PALM BCH, FL 33401	Mailing Address P.O. BOX 1989 ATTN: DENISE M NIEMAN WEST PALM BEACH, FL 33402
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01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

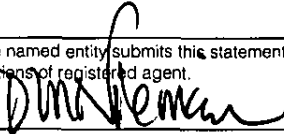
4. FEI Number 59-6000785	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NIEMAN, DENISE M 301 N. OLIVE AVE, STE 601 WEST PALM BEACH, FL 33401	DO NOT WRITE IN THIS SPACE
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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



Denise M. Nieman, Co. Attorney

1/12/2007

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000694824
04/17/07-80032-022 61.25

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**

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 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

GARY SELLARI GARY SELLARI

Date

Daytime Phone #