



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 762875			
1. Entity Name 29 SOUTH PALMWAY, INC.			
Principal Place of Business 29 S. PALMWAY LAKE WORTH, FL 33460		Mailing Address 29 S. PALMWAY LAKE WORTH, FL 33460	
			
		01192005 No Chg-NP CR2E037 (10/03)	
4. FEI Number 59-2349299		Applied For Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
MARKE, JOHN E. ESQ. LAMMI & MARKE 508 LUCERNE AVE. LAKE WORTH, FL 33460			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	SD		
NAME	ALLNUTT, ROBERT		
STREET ADDRESS	29 SOUTH PALMWAY		
CITY - ST - ZIP	LAKE WORTH, FL 33460		
TITLE	PD		
NAME	ALLNUTT, RALPH		
STREET ADDRESS	29 SOUTH PALMWAY APT. 2	1100000135664 01/26/05-80036-020 70.00	
CITY - ST - ZIP	LAKE WORTH, FL 33460		
TITLE	TD		
NAME	MULLIGAN, EUGENE		
STREET ADDRESS	29 SOUTH PALMWAY #3		
CITY - ST - ZIP	LAKE WORTH, FL 33460		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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: <i>Eugene Mulligan</i>		1-19-05 - 561-585-0947	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	