


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 855066**  
 1. Entity Name  
**PRICE'S INCORPORATED OF PALM BEACH COUNTY**



Principal Place of Business      Mailing Address  
**PRICE'S CUSTOM AUTO TRM**      **325 NORTH FEDERAL HIGHWAY**  
**325 N. FEDERAL HWY**              **DELRAY BEACH, FL 33483-5516**  
**DELRAY BEACH, FL 33483 US**



01182008    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2238977</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**PRICE, RUBY M.**  
**325 N. FEDERAL HWY.**  
**DELRAY BEACH, FL 33483**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000793956  
 01/25/08-80030-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP HILLMAN, CHARLES D. 300 SW 13TH AVE BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD PRICE, RUBY M. 540 SE 27TH WAY BOYNTON BEACH, FL
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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:** *Ruby M. Price*      1-18-08      561-278-8434  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #