

**2005.FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F03000003452.**

1. Entity Name  
IRG PALMETTO, INC.



Principal Place of Business

ONE WEST AVENUE  
LARCHMONT, NY 10538

Mailing Address

ONE WEST AVENUE  
LARCHMONT, NY 10538



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number  
90-2097895

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**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 re-instating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PST
NAME	LICHTER, STUART
STREET ADDRESS	ONE WEST AVENUE
CITY-ST-ZIP	LARCHMONT, NY 10538
TITLE	CD
NAME	LICHTER, STUART
STREET ADDRESS	ONE WEST AVENUE
CITY-ST-ZIP	LARCHMONT, NY 10538
TITLE	D
NAME	OSEICKI, DAVID
STREET ADDRESS	ONE WEST AVENUE
CITY-ST-ZIP	LARCHMONT, NY 10538
TITLE	D
NAME	KOLB, MARGARET
STREET ADDRESS	ONE WEST AVENUE
CITY-ST-ZIP	LARCHMONT, NY 10538
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/05