


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 A
Secretary of State

DOCUMENT # F99000001336 1. Entity Name PALM BEACH MARITIME CORPORATION	
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Principal Place of Business ONE EAST ELEVENTH STREET SUITE 500 RIVIERA BEACH, FL 33404	Mailing Address ONE EAST ELEVENTH STREET SUITE 500 RIVIERA BEACH, FL 33404
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04162007 No Chg-P CR2E034 (11/05)

4. FEI Number 23-2990156	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MCTIGHE, JOHN M ONE EAST ELEVENTH STREET SUITE 500 RIVIERA BEACH, FL 33404
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**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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	CST MURRAY, FRANCIS W 211 BENIGNO BOULEVARD SUITE 210 BELLMAWR, NJ 08031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURRAY, FRANCIS X ONE EAST ELEVENTH STREET SUITE 500 WEST PALM BEACH, FL 33404
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05/10/07-80073-004 150.00

**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 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:  **FRANCIS X. MURRAY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
APRIL 20, 2007 561-845-2101
Date Daytime Phone #