


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G29755</b> 1. Entity Name PALM/LAUD PROPERTIES, INC.	
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Principal Place of Business 1906 WILDWOOD LN., N. DEERFIELD BEACH, FL 33442 US	Mailing Address P O BOX 4249 DEERFIELD BEACH, FL 33442 US
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**DO NOT WRITE IN THIS SPACE**



01222005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2271719	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  
  
STEFFAN, JOHN E.  
1906 WILDWOOD LN., N.  
DEERFIELD BCH, FL 33442

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEFFAN, JOHN E. 1906 WILDWOOD LANE, N. DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STEFFAN, THELMA 1906 WILDWOOD LANE N. DEERFIELD BEACH, FL 33442
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U00000197125  
01/26/05-80097-018 150.00

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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: Thelma D. Steffan, SECY/TREAS/DIRECTOR 1/24/05 954-429-9443  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #