

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # G29755

1. Entity Name
PALM/LAUD PROPERTIES, INC.



**FILED
Jan 17, 2008 8:00 am
Secretary of State**

01-17-2008 90023 021 ***150.00

Principal Place of Business
1906 WILDWOOD LN., N.
DEERFIELD BEACH, FL 33442 US

Mailing Address
P O BOX 4249
DEERFIELD BEACH, FL 33442 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country



01102008 Chg-P CR2E034 (12/06)

4. FEI Number 59-2271719	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEFFAN, JOHN E.
1906 WILDWOOD LN., N.
DEERFIELD BCH, FL 33442

Name
STEFFAN, THELMA

Street Address (P.O. Box Number is Not Acceptable)
1906 WILDWOOD LANE N.

City DEERFIELD BEACH FL Zip Code 33442

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 Thelma D. Steffan THELMA STEFFAN, PRES.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restating)

DATE 1/10/08

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME STEFFAN, JOHN E.
STREET ADDRESS 1906 WILDWOOD LANE, N.
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE STD
NAME STEFFAN, THELMA
STREET ADDRESS 1906 WILDWOOD LANE N.
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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.

954-429-9443

SIGNATURE: Thelma D. Steffan THELMA STEFFAN (PD) 1/10/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #