

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-17-2008 90023 021 ***150.00

DOCUMENT # G29755

1. Entity Name
PALM/LAUD PROPERTIES, INC.



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

Country

Zip

Country

01102008 Chg-P CR2E034 (12/06)

4. FEI Number
59-2271719

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New 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.** **1/10/08**
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, 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** ☒ Delete
NAME **STEFFAN, JOHN E.**
STREET ADDRESS **1906 WILDWOOD LANE, N.**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: *Thelma D. Steffan* **THELMA STEFFAN (PD)** **1/10/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

954-429-9443