

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90050 021 ***150.00

DOCUMENT # G96190

1. Entity Name
**MANAGEMENT SERVICES OF THE PALM BEACHES,
INC.**



Principal Place of Business

**5011 N.OCEAN BLVD.
SUITE 4
OCEAN RIDGE, FL 33435 US**

Mailing Address

**5011 N.OCEAN BLVD.
SUITE 4
OCEAN RIDGE, FL 33435 US**

DO NOT WRITE IN THIS SPACE



03062008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2414453

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**AASKOV, GAIL ADAMS
C/O MANAGEMENT SERVICE
5011 N. OCEAN BLVD.
OCEAN RIDGE, FL 33435**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS
NAME AASKOV, GAIL A.
STREET ADDRESS 5011 N. OCEAN BLVD.
CITY-ST-ZIP OCEAN RIDGE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____

GAIL Adams Aaskov