

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J78798

**FILED**  
**Jul 17, 2010**  
**Secretary of State**

**Entity Name:** C.D.S. & ASSOCIATES OF THE PALM BEACHES, INC.

**Current Principal Place of Business:**

13114 24TH CT. N.  
LOX., FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 210955  
WEST PALM BEACH, FL 334210955

**New Mailing Address:**

**FEI Number:** 59-2819132      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HUFFMAN, ESQ., KENT  
204 PHIPPS PLAZA  
PALM BEACH, FL 33480      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: STEVENS, III, DOUGLAS P  
Address: 13114 24TH CT. N.  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VP  
Name: STEVENS, KARA JO  
Address: 13114 24TH CT. N.  
City-St-Zip: LOXAHATCHEE, FL 33470

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DOUGLAS P STEVENS III

PRES

07/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date