

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # J81595

1. Entity Name

D.P.R. OF PALM BEACH, INC.



Principal Place of Business

2840 FOREST HILL BLVD
W PALM BEACH FL 33406

Mailing Address

16 SOUTH SEWALLS POINT ROAD
STUART FL 34996
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

4. FEI Number **59-2825957**

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

FOSTER, JOHN
7108 FAIRWAY DRIVE
SUITE 200
PALM BEACH GARDENS FL 33418

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **CATHEY, GLORIA A.**
STREET ADDRESS **47 SOUTH SEWALLS POINT ROAD**
CITY-STATE-ZIP **STUART FL 34996**

TITLE **000000648223** ☐ Change ☐ Addition
NAME **03/06/07-80103-020 150.00**
STREET ADDRESS
CITY-STATE-ZIP

TITLE **T** ☐ Delete
NAME **CATHEY, CARL W. JR.**
STREET ADDRESS **76 PALM STREET**
CITY-STATE-ZIP **OKEECHOBEE FL 34974**

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

TITLE **S** ☐ Delete
NAME **MARSH, TAMARA C**
STREET ADDRESS **16 S. SEWALLS POINT RD.**
CITY-STATE-ZIP **STUART FL 34996**

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

TITLE **AV** ☐ Delete
NAME **CATHEY, TODD M.**
STREET ADDRESS **1810 MUSKOGEE ROAD**
CITY-STATE-ZIP **WEST PALM BEACH FL 33406**

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

TITLE **AS** ☐ Delete
NAME **FOSTER, JOHN**
STREET ADDRESS **7108 FAIRWAY DRIVE SUITE 200**
CITY-STATE-ZIP **PALM BEACH GARDENS FL 33418**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Gloria A. Cathey* **Gloria A. Cathey**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2-14-07** Phone #