

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90198 026 \*\*\*150.00

**DOCUMENT # K21045**

1. Entity Name  
**THE SOLID "35" CLUB OF THE PALM BEACHES, INC.**



Principal Place of Business  
**609 8TH STREET  
WEST PALM BEACH, FL 33401**

Mailing Address  
**P.O. BOX 410  
WEST PALM BEACH, FL 33402-0410**

**DO NOT WRITE IN THIS SPACE**



04282006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0046017**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**RYALS, RICHARD A ESQ  
2620 AUSTRALIAN AVE STE 109  
WEST PALM BEACH, FL 33407**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	ST
NAME	PARKER, LLOYD
STREET ADDRESS	224 LAINHART COURT
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	VP
NAME	FIELDS, LARRY
STREET ADDRESS	PO BOX 223051
CITY-ST-ZIP	WEST PALM BEACH, FL 33402
TITLE	P
NAME	FREEMAN, JOE
STREET ADDRESS	609 8TH STREET
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	D
NAME	MOORE, GLEN
STREET ADDRESS	1101 WEST 32ND STREET
CITY-ST-ZIP	RIVIERA BEACH, FL 33404
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 #