

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90053 016 \*\*\*150.00

**DOCUMENT # K41199**

1. Entity Name

PALM BEACH EQUITIES, CORP.



Principal Place of Business

% CHARLES M. JACOBSON  
2500 S. OCEAN BLVD.  
PALM BEACH FL 33480

Mailing Address

% CHARLES M. JACOBSON  
2500 S. OCEAN BLVD.  
PALM BEACH FL 33480



2. Principal Place of Business - No P.O. Box #

3300 S. Ocean Blvd 206 N

Suite, Apt. #, etc.

Palm Beach FL

City & State

Zip  
33480

Country  
USA

3. Mailing Address

3300 S. Ocean Blvd

Suite, Apt. #, etc.

206 N

City & State

Palm Beach FL

Zip  
33480

Country  
USA

1st MOORE

CR2E034 (10/06)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

JACOBSON, CHARLES M  
2500 S. OCEAN BLVD.  
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

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

*Charles M. Jacobson*

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  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME JACOBSON, CHARLES M  
STREET ADDRESS 2500 S. OCEAN BLVD.  
CITY-STATE-ZIP PALM BEACH FL 33480 ☐ Delete

TITLE D  
NAME JACOBSON, NAOMI L  
STREET ADDRESS 2500 S. OCEAN BLVD.  
CITY-STATE-ZIP PALM BEACH FL 33480 ☐ Delete

TITLE V  
NAME JACOBSON, ANDREW M  
STREET ADDRESS 712 U.S. HIGHWAY 1  
CITY-STATE-ZIP N. PALM BEACH FL 33408 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Some ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3300 S. Ocean Blvd  
CITY-STATE-ZIP Palm Beach Fla 33480

TITLE Some ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 3300 S. Ocean Blvd  
CITY-STATE-ZIP Palm Beach Fla 33480

TITLE Some ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 11922 Calalopa AVE  
CITY-STATE-ZIP Palm Beach Gardens 33411 FL

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

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

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

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:

*Charles M. Jacobson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #