

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90111 033 ***150.00

DOCUMENT # L17077

1. Entity Name
PERSONAL AND CLUB DEVELOPMENT, INC.



Principal Place of Business
**1304 SW 160TH AVE
337
FT LAUDERDALE, FL 33326 US**

Mailing Address
**1304 S W 160TH AVE
337
FT LAUDERDALE, FL 33326 US**

2. Principal Place of Business
313V FORTUNE WAY

3. Mailing Address
313V FORTUNE WAY

Suite, Apt. #, etc.
DI

Suite, Apt. #, etc.
DI

City & State
WELLINGTON, FL

City & State
WELLINGTON, FL

Zip
33326

Country
US

Zip
33326

Country
US

03172006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0153998

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KAPLAN, PHIL
1304 SW 160TH AVE
#337
FT LAUDERDALE, FL 33326**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
313V FORTUNE WAY

DI

City
WELLINGTON

FL

Zip Code
33326

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

PHIL KAPLAN

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/25/06

**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
D ☐ Delete

NAME
KAPLAN, PHIL

STREET ADDRESS
1304 SW 160TH AVE #337

CITY-ST-ZIP
FT LAUDERDALE, FL 33326

TITLE
NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME ☐ Delete

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☒ Change ☐ Addition

STREET ADDRESS
313V FORTUNE WAY #DI

CITY-ST-ZIP
WELLINGTON, FL 33326

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS

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NAME ☐ Change ☐ Addition

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NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

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:

PHIL KAPLAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/06

Date

561-204-2014

Daytime Phone #