

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2005 8:00 am
Secretary of State

08-12-2005 90003 006 ***158.75

DOCUMENT # L45570

1. Entity Name
PALM BEACH HOSE & FITTINGS, INC.



Principal Place of Business
**3555 FISCAL COURT
UNIT #1
RIVERA BEACH, FL 33404 US**

Mailing Address
**5627 COMMERCE DR
ORLANDO, FL 32839-2977**

50061346



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06292005

Chg-P

CR2E034 (10/03)

4. FEI Number
65-0217114

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BENNETT, EDWARD E.
5627 COMMERCE DR
ORLANDO, FL 32839**

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

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete
NAME **BENNETT, GORDON E**
STREET ADDRESS **5627 COMMERCE DR**
CITY-ST-ZIP **ORLANDO, FL**

TITLE **PD** ☐ Delete
NAME **BENNETT, EDWARD E**
STREET ADDRESS **5627 COMMERCE DR**
CITY-ST-ZIP **ORLANDO, FL**

TITLE **ST** ☐ Delete
NAME **BENNETT, EVELYN**
STREET ADDRESS **5627 COMMERCE DR**
CITY-ST-ZIP **ORLANDO, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Evelyn Bennett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EVELYN BENNETT

08/10/05

407-851-3536

Date

Daytime Phone #