

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90409 001 ****61.25

DOCUMENT # N03000010707

1. Entity Name
PALM BEACH MCDONALD'S MARKETING ASSOCIATION,
INC.



Principal Place of Business
1399 N KILLAN DRIVE STE 2
WEST PALM BEACH, FL 33403

Mailing Address
1399 N KILLAN DRIVE STE 2
LAKE PARK, FL 33409

DO NOT WRITE IN THIS SPACE



03312006 No Chg-NP CR2E037 (11/05)

4. FEI Number
20-0498987

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WADE, RICKY
1399 N KILLAN DRIVE STE 2
LAKE PARK, FL 33409

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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 re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WADE, RICKY
1399 N KILLAN DRIVE STE 2
LAKE PARK, FL 33409

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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 617, 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

CARLTON RICKY WADE

Date

Daytime Phone #

4/13/06 561-202-4046