


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90113 005 ****61.25

DOCUMENT # N03000010707 1. Entity Name PALM BEACH MCDONALD'S MARKETING ASSOCIATION, INC.	
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Principal Place of Business 1399 N KILLAN DRIVE STE 2 1351 S Killian Dr WEST PALM BEACH, FL 33403 Suite #1 LAKE PARK	Mailing Address 1399 N KILLAN DRIVE STE 2 1351 S Killian Dr Suite #1 LAKE PARK, FL 33403 33403
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02252008 No Chg-NP CR2E037 (4/06)

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4. FEI Number 20-0498987	Applied For Not Applicable
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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 1351 S Killian Dr Suite #1 LAKE PARK, FL 33403 33403	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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 1351 S Killian Dr #1 LAKE PARK, FL 33403 33403
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**DO NOT WRITE
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:  **CARLTON A. R. WADE** 3/30/08 561-202-4046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #