



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90049 006 ****70.00

DOCUMENT # N04000010602 1. Entity Name PALM BEACH ATTITUDE INC					
Principal Place of Business 15323 63RD PLACE N LOXAHATCHEE, FL 33470			Mailing Address 15323 63RD PLACE N LOXAHATCHEE, FL 33470		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number EN 20-1877 882	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STORDEUR, ALDEN G 15323 63RD PLACE N LOXAHATCHEE, FL 33470				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> ALDEN G STORDEUR <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> 7-13-05 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 55%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE	P	Delete <input type="checkbox"/>	TITLE	Delete <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	STORDEUR, ALDEN G		NAME		
STREET ADDRESS	15323 63RD PLACE N		STREET ADDRESS		
CITY-ST-ZIP	LOXAHATCHEE, FL 33470		CITY-ST-ZIP		
TITLE	V	Delete <input type="checkbox"/>	TITLE		Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	KEEN, HARRY		NAME		
STREET ADDRESS	13045 58TH COURT		STREET ADDRESS	15623 73rd St N.	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE		Delete <input type="checkbox"/>	TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		Delete <input type="checkbox"/>	TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		Delete <input type="checkbox"/>	TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

50055937



07102005 Chg-NP CR2E037 (10/03)

FL

Zip Code

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	Delete <input type="checkbox"/>
NAME	STORDEUR, ALDEN G	
STREET ADDRESS	15323 63RD PLACE N	
CITY-ST-ZIP	LOXAHATCHEE, FL 33470	
TITLE	V	Delete <input type="checkbox"/>
NAME	KEEN, HARRY	
STREET ADDRESS	13045 58TH COURT	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Delete <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME		
STREET ADDRESS	15623 73rd St N.	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
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 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:  **ALDEN G. STORDEUR** **501-722-5124**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #