


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90213 028 ****61.25

DOCUMENT # N33144					
1. Entity Name WEST PALM BEACH ADVERTISING POOL, INC.					
Principal Place of Business 1033 N. CONGRESS AVE WEST PALM BEACH, FL 33409 US			Mailing Address 1128 ROYAL PALM BEACH BLVD. PMB 264 ROYAL PALM BEACH, FL 33411 US		
2. Principal Place of Business <i>1320 10th STREET</i>		3. Mailing Address <i>1320 10th STREET</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>LAKE PARK, FL</i>		City & State <i>LAKE PARK FL</i>		4. FEI Number 65-0206361	
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip <i>33403</i>		Country <i>USA</i>		Zip <i>33403</i>	
Country <i>USA</i>		Country <i>USA</i>			
6. Name and Address of Current Registered Agent TUMMINO, CHRISTOPHER 1128 ROYAL PALM BEACH BLVD. PMB 264 ROYAL PALM BEACH, FL 33411			7. Name and Address of New Registered Agent Name <i>ROBERT DOYLE</i> Street Address (P.O. Box Number is Not Acceptable) <i>1320 10th STREET</i> City <i>LAKE PARK</i> FL Zip Code <i>33403</i>		
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 <i>Robert Doyle Jr</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<i>ROBERT E DOYLE JR.</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE <i>4/24/06</i>	
Filing Fee is \$61.25 Due by May 1, 2006		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SANTAGATA, JOHN 2973 S FEDERAL HIGHWAY STUART, FL 34994	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input type="checkbox"/> Delete TUMMINO, CHRISTOPHER 1033 W CONGRESS AVE WEST PALM BEACH, FL 33409	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD <input type="checkbox"/> Delete SAMPSON, KEVIN 1801 W ATLANTIC AVE #C2 DELRAY BEACH, FL 33444	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Robert Doyle Jr</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>ROBERT E DOYLE JR.</i>		DATE <i>4/24/06</i>	
Daytime Phone # <i>561-848-6994</i>					