

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90450 033 \*\*\*\*61.25

<b>DOCUMENT # N98000004681</b> 1. Entity Name <b>PALM BEACH HARVEST, INC.</b>					
Principal Place of Business <b>1715 TIFFANY DRIVE EAST WEST PALM BEACH, FL 33407</b>			Mailing Address <b>1715 TIFFANY DRIVE EAST WEST PALM BEACH, FL 33407</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0867851</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MALONE, LEIGH 6766 PAUL MAR DRIVE LAKE WORTH, FL 33462</b>			7. Name and Address of New Registered Agent  Name <b>GERALD BARON</b> Street Address (P.O. Box Number is Not Acceptable) <b>198 E TALL OAKS CIRCLE</b> City <b>PALM BEACH GARDENS</b> FL Zip Code <b>33410</b>		
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 <u><i>Gerald Baron President</i></u> DATE <u>4-19-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MORGAN, DEBORAH 6615 LAKE ISLAND DRIVE LAKE WORTH, FL 33467	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT GERALD BARON 198 E TALL OAKS CIRCLE PBG 33410
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PFEIFFER, MARLENE 3775 W. HEATHER DR GREENACRES, FL 33463	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	ROBERT WILKOFF - TD 1401 CARIBBEAN ROAD WEST PALM BEACH 33406
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD7 BARON, GERALD W 198 E TALL OAKS CIRCLE PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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: <u><i>Gerald Baron</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-19-04</u> Daytime Phone # <u>561 625 9670</u>		