

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004681

FILED  
May 04, 2005  
Secretary of State

Entity Name: PALM BEACH HARVEST, INC.

## Current Principal Place of Business:

1715 TIFFANY DRIVE EAST  
WEST PALM BEACH, FL 33407

## New Principal Place of Business:

## Current Mailing Address:

1715 TIFFANY DRIVE EAST  
WEST PALM BEACH, FL 33407

## New Mailing Address:

FEI Number: 65-0867851      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

BARON, GERALD  
198 E TALL OAKS CIRCLE  
PALM BEACH GARDENS, FL 33410      US

## Name and Address of New Registered Agent:

MORGAN, DEBORAH  
5293 OAKMONT VILLAGE CR  
LAKE WORTH, FL 33463      US

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.

SIGNATURE: DEBORAH L. MORGAN

05/04/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: VPP      ( ) Delete  
Name: BARON, GERALD  
Address: 198 E TALL OAKS CIRCLE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: TD      ( ) Delete  
Name: WILKOFF, ROBERT  
Address: 1401 CARIBBEAN ROAD  
City-St-Zip: WEST PALM BEACH, FL 33406

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES      (X) Change ( ) Addition  
Name: MORGAN, DEBORAH L  
Address: 5293 OAKMONT VILLAGE CR.  
City-St-Zip: LAKE WORTH, FL 33463

Title: VP      (X) Change ( ) Addition  
Name: LEVY, LOIS  
Address: 6991 QUINCE LANE  
City-St-Zip: LAKE WORTH, FL 33467

Title: TREA      ( ) Change (X) Addition  
Name: BARON, GERALD  
Address: 198 E TALL OAKS CR  
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH L. MORGAN

PRES

05/04/2005

Electronic Signature of Signing Officer or Director

Date