

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90033 009 ***150.00

DOCUMENT # P00000112732

1. Entity Name
315 PARK, INC.



Principal Place of Business
3540 FOREST HILL BLVD, #203
W PLAM BEACH, FL 33406

Mailing Address
3540 FOREST HILL BLVD, #203
W PLAM BEACH, FL 33406



04162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1069349

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DENTRY, DEBORAH A
3540 FOREST HILL BLVD, #203
W PLAM BEACH, FL 33406

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	DENTRY, DEBORAH A
STREET ADDRESS	3540 FOREST HILL BLVD. # 203
CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	VPST
NAME	HEATON, LINN D
STREET ADDRESS	3540 FOREST HILL BLVD. # 203
CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	P
NAME	HEATON, LEE W
STREET ADDRESS	3540 FOREST HILL BLVD. # 203
CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 607, 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:

Deborah A Dentry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/04

561 433 8210