

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000046499

1. Entity Name
PALM BEACH POWDER COATING, INC.



Principal Place of Business

**1313 S KILLIAN DRIVE
LAKE PARK, FL 33403**

Mailing Address

**1313 S KILLIAN DRIVE
LAKE PARK, FL 33403**

DO NOT WRITE IN THIS SPACE



01232006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1105650

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KLEIN, GABRIELE
1313 S KILLIAN DRIVE
LAKE PARK, FL 33403**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**000000456457
03/16/06-80028-004 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	KLEIN, GABRIELE
STREET ADDRESS	1313 S KILLIAN DRIVE
CITY-ST-ZIP	LAKE PARK, FL 33403
TITLE	PTD
NAME	KLEIN, GABRIELE
STREET ADDRESS	1313 S KILLIAN DRIVE
CITY-ST-ZIP	LAKE PARK, FL 33403
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/28/06

Date

561-841-0800

Daytime Phone #