


2004 FORT PROUD CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90052 001 \*\*\*150.00

<b>DOCUMENT # P01000062216</b>	
1. Entity Name <b>ALL STATE CHARTER INC. OF PALM BEACH</b>	

Principal Place of Business <b>6146 PALM BREEZES DR. LANTANA, FL 33462</b>	Mailing Address <b>6146 PALM BREEZES DR. LANTANA, FL 33462</b>
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2. Principal Place of Business	3. Mailing Address <b>P.O. Box 6976</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>WEST Palm Beach, FL.</b>
City & State	City & State
Zip	Zip <b>33405</b>
Country	Country <b>USA</b>



04052004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1119139**

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**EBERLE, ROBERT J**  
**6146 PALM BREEZES DR.**  
**LANTANA, FL 33462**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EBERLE, ROBERT J</b> <b>6146 PALM BREEZES DR.</b> <b>LANTANA, FL 33462</b>	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
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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 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:** Robert J. Eberle **Bob J. Eberle** 4-5-04 561-357-9380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #