

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 27, 2005 8:00 am
Secretary of State

07-27-2005 90049 048 ***158.75

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1. Entity Name

PALM BEACH MARKETING AND CONSULTING, CORP.



Principal Place of Business

**297 VALENCIA RD.
WEST PALM BEACH FL 33401**

Mailing Address

**297 VALENCIA RD.
WEST PALM BEACH FL 33401**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOUSE, JOHN S
297 VALENCIA RD.
WEST PALM BEACH FL 33401**

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

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HOUSE, JOHN S**
STREET ADDRESS **297 VALENCIA RD.**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **D** ☐ Delete
NAME **VALIER, CLAIRE**
STREET ADDRESS **297 VALENCIA RD.**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

7/20/05

50058002
PD1000090840

To Whom:

I SPEND A GREAT DEAL OF TIME IN THE HOSPITAL
DUE TO A CHRONIC BLOOD CONDITION; HOWEVER
I DO NOT BELIEVE THAT I RECEIVED A RENEWAL
OF CORPORATION FORM THIS YEAR.

THAT IS WHY I REQUESTED ONE RECENTLY (THANK YOU)

I TRUST THAT THE "LATE FEE" WILL NOT APPLY, I
CANNOT AFFORD THE EXTRA \$400⁰⁰, I WILL BE ON THE
LOOKOUT FOR THE FORM (OR LACK OF IT) NEXT YEAR

PLEASE ACCEPT MY CHECK # 9332 AND ADVISE ME

THANK YOU

John Brown