

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90069 016 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT# P01000096320			
1. Entity Name PALMCITYROLL-OFF INC.			
Principal Place of Business 1025 26TH ST. WEST PALM BEACH, FL 33407		Mailing Address 1025 26TH ST. WEST PALM BEACH, FL 33407	
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 85-1143632		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		01082004 Chg-P CF2E034(10/03)	
6. Name and Address of Current Registered Agent BERMUDEZ, RAYMOND 1022 NW 9TH MANOR CORAL SPRINGS, FL 33071		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, is familiar with, and accepts the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required on every filing) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCOO BERMUDEZ, RAYMOND 1022 NW 9TH MANOR CORAL SPRINGS, FL 33071 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST TARASCO, LINDA 1111 RT 110 ETAMINGDALE, NY 11753 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature and name have been properly filed in accordance with the provisions of Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on a list of names and addresses of all other like companies.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR		1-26-04 561-650-0801 Date Day and Month	