


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000096943</b>	
1. Entity Name <b>P.A.L. OF SOUTH FLORIDA, INC.</b>	

Principal Place of Business <b>2865 SE ST LUCIE BLVD STUART, FL 34997</b>	Mailing Address <b>2865 SE ST LUCIE BLVD STUART, FL 34997</b>
----------------------------------------------------------------------------------	----------------------------------------------------------------------



01082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1144549</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**GLOVER, RANDALL C  
2865 SE ST LUCIE BLVD  
STUART, FL 34997**

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
-------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS

TITLE <b>P</b>	<b>GLOVER, RANDALL</b>
NAME	<b>2865 SE ST LUCIE BLVD</b>
STREET ADDRESS	<b>STUART, FL 34997</b>
CITY-ST-ZIP	
TITLE <b>VP</b>	<b>GLOVER, PAULINE</b>
NAME	<b>2865 SE ST. LUCIE BLVD.</b>
STREET ADDRESS	<b>STUART, FL 34997</b>
CITY-ST-ZIP	
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**

000000008642  
01/20/04-80072-011 150.00

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:**  **RANDALL C GLOVER** **1/15/04**

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