


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90041 014 ***150.00

DOCUMENT # P01000096943

1. Entity Name
 P.A.L. OF SOUTH FLORIDA, INC.



Principal Place of Business Mailing Address

2865 SE ST LUCIE BLVD 2865 SE ST LUCIE BLVD
 STUART, FL 34997 STUART, FL 34997

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

2526 SE Federal Hwy *2526 S.E. Federal Hwy*

Suite, Apt. #, etc. Suite, Apt. #, etc.



City & State City & State

Stuart, FL *Stuart, FL*

Zip Zip

34994 *34994*

Country Country

4. FEI Number Applied For

65-1144549 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GLOVER, RANDALL	
STREET ADDRESS	2865 SE ST LUCIE BLVD	
CITY-ST-ZIP	STUART, FL 34997	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GLOVER, PAULINE	
STREET ADDRESS	2865 SE ST. LUCIE BLVD.	
CITY-ST-ZIP	STUART, FL 34997	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>3136 SE ST Lucie Blvd</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>3136 SE ST Lucie Blvd</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ Date: *4-9-08* Daytime Phone #: *772-631-7123*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR