

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90169 030 ***158.75

DOCUMENT # P01000100072

1. Entity Name
PALM BEACH TITLE SERVICES CORP.



Principal Place of Business
**7731 N. MILITARY TRAIL
PALM BEACH GARDENS, FL 33410**

Mailing Address
**7731 N. MILITARY TRAIL
PALM BEACH GARDENS, FL 33410**

2. Principal Place of Business
7731 N. Military Trail

3. Mailing Address
7731 N. Military Trail

Suite, Apt. #, etc.
Suite 4

Suite, Apt. #, etc.
Suite 4

City & State
Palm Beach Gardens, FL

City & State
Palm Beach Gardens, FL

Zip
33410

Country

Zip
33410

Country

04202004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1145125

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VON HOFFMANN, KIMBERLY
15131 82ND TERR N.
PALM BEACH GARDENS, FL 33418**

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

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

TITLE **PT** ☐ Delete

NAME **VON HOFFMANN, KIMBERLY**

STREET ADDRESS **15131 82ND TERR N**

CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE **VS** ☒ Delete

NAME **TURULL, JANE**

STREET ADDRESS **249 SWEET BAY CIR**

CITY-ST-ZIP **JUPITER, FL 33458**

TITLE **S** ☒ Delete

NAME **VON HOFFMANN, KIMBERLY**

STREET ADDRESS **6416 WILLOUGHBY CIRCLE**

CITY-ST-ZIP **LAKE WORTH, FL 33463**

TITLE **T** ☒ Delete

NAME **VON HOFFMANN, KIMBERLY**

STREET ADDRESS **6416 WILLOUGHBY CIRCLE**

CITY-ST-ZIP **LAKE WORTH, FL 33463**

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 **D/P/T** ☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition

NAME **Laurie Reed**

STREET ADDRESS **PO Box 10022**

CITY-ST-ZIP **Midland, TX 79702**

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

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: Kimberly von Hoffmann

President

04/20/04

561-721-3450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #