


2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 1 150.00 FILED

Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000115264
1. Entity Name
ADMIRAL CANVAS OF THE PALM BEACHES, INC.



Principal Place of Business: 846 N DIXIE HWY BAY 32 LANTANA, FL 33462
Mailing Address: 846 N DIXIE HWY BAY 32 LANTANA, FL 33462

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01112005 No Chg-P CR2E034 (10/03)

4. FEI Number: 65-1155996 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BOTTCHER, THOMAS D
846 N DIXIE HWY BAY 32
LANTANA, FL 33462

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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 reconstituting) DATE: _____

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BOTTCHER, THOMAS D
STREET ADDRESS	846 N DIXIE HWY BAY 32
CITY-ST-ZIP	LANTANA, FL 33462
TITLE	VST
NAME	BOTTCHER, KATHLEEN L
STREET ADDRESS	846 N DIXIE HWY BAY 32
CITY-ST-ZIP	LANTANA, FL 33462
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 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: *Kathleen L Bottcher* Kathleen Bottcher v.p. 567 588-0057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #