

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90098 038 ***150.00

DOCUMENT # P02000018953

1. Entity Name
PALM REALTY, INC.



Principal Place of Business
1114 N FEDERAL HWY
#5
BOYNTON BEACH, FL 33435

Mailing Address
1114 N FEDERAL HWY
#5
BOYNTON BEACH, FL 33435

DO NOT WRITE IN THIS SPACE



02062006 No Chg-P CR2E034 (11/05)

4. FEI Number
01-0633130

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SPIRO, MELINDA L
9382 AQUA VISTA BLVD
BOYNTON BEACH, FL 33437

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SPIRO, MELINDA L
9382 AQUA VISTA BLVD
BOYNTON BEACH, FL 33437

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
FRY, HONEY P
3760 LEARWOOD DRIVE
LOXAHATCHEE, FL 33470

*RESIGNED
6-15-2005*

TITLE
NAME
STREET ADDRESS
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**

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:

Melinda L Spiro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-2006
Date

561-351-8714
Daytime Phone #

ATTACHMENT 40020777
P02000018953

June 15, 2005-

TO Whomever it may Concern:

I Honey Fuy resign as V. P. of Palm Beach.

Sincerely
Honey Fuy

ATTACHMENT

P02000018953

40020777

MANAGEMENT INFORMATION									
Last Name	MEHRING	First	THOMAS	Middle	KEVEN	Title	BROKER	Suffix	MGR
Office Held	BROKER/MGR		Percentage of Ownership	-0-		Active	<input checked="" type="checkbox"/>	Non-Active	<input type="checkbox"/>
RESIDENCE ADDRESS									
Street Address or P.O. Box									
1600 DOVER Rd B208 BL									
City						State		Zip Code (+4 optional)	
DeL RAY BEACH						FL		33445	
County (if Florida address)				Country					
PALM BEACH				USA					

PL
702065

MANAGEMENT INFORMATION				
Last Name	First	Middle	Title	Suffix
Office Held	Percentage of Ownership		Active	<input type="checkbox"/>
			Non-Active	<input type="checkbox"/>
RESIDENCE ADDRESS				
Street Address or P.O. Box				
City			State	Zip Code (+4 optional)
County (if Florida address)			Country	

MANAGEMENT INFORMATION				
Last Name	First	Middle	Title	Suffix
Office Held	Percentage of Ownership		Active	<input type="checkbox"/>
			Non-Active	<input type="checkbox"/>
RESIDENCE ADDRESS				
Street Address or P.O. Box				
City			State	Zip Code (+4 optional)
County (if Florida address)			Country	

MANAGEMENT INFORMATION				
Last Name	First	Middle	Title	Suffix
Office Held	Percentage of Ownership		Active	<input type="checkbox"/>
			Non-Active	<input type="checkbox"/>
RESIDENCE ADDRESS				
Street Address or P.O. Box				
City			State	Zip Code (+4 optional)
County (if Florida address)			Country	

Attach additional sheets as necessary

ATTACHMENT

Recon

40020777

DBPR RE-2050 - Request for Change of Status

P0200001895B

Florida's Future...

DBPR

Right Here
Right Now

STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

1940 North Monroe Street
Tallahassee, FL 32399-0783
Customer Contact Center: 850.487.1395
FAX: 850.488.8040
www.MyFloridaLicense.com

Transaction Type:

- ☐ Become Active - no charge
- ☐ Become Inactive - no charge
- ☐ Add/Delete Trade Name - no charge
- ☐ Become Sole Proprietor - no charge
- ☒ Change Broker/Owner Employer - no charge
- ☐ Terminate Employee - no charge
- ☐ Add/Delete PA or LLC - \$30.00 fee required
- ☐ Request for Multiple License - \$95.00
- ☐ Renew license
- ☐ Qualifying Broker (CQ package required)
- ☐ Owner/Developer (Forms 2050 & 0080 required)

License Number

6 0702065

Licensee Name

Thomas Kevin Mehring

Contact Information (telephone number or E-Mail address)

(561) 441-5169

Broker License Number

0702065

Organization License Number

(607131)

Broker/Owner Name

THOMAS KEVIN MEHRING

Organization Name

PALM Realty (607131)

Trade Name (if applicable)

Contact Info. (telephone number or E-Mail address)

Are you now or with the issuance of this license an officer, director, member, or partner of any corporation, partnership, or L.L.C. which acts as a broker? Yes ☐ No ☒

If yes, please list name of entity

I affirm that I have provided the above information completely and truthfully to the best of my knowledge.

Broker/Owner Sign Here:

Thomas Kevin Mehring

Date:

9/28/05

*Bk. Signature not req. for Assoc. inactive status or add/delete PA-LLC

Associate Sign Here:

Thomas Kevin Mehring

Date:

9/28/05

*All Associate requested changes require signature

ATTACHMENT

40020777

DBPR 0040 - Officers and Directors

P02000018953

Florida's Future...

Right Here.
Right Now.STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATIONNOTE - This form must be submitted as part of an
application packet

Please provide information on the partners, managers, officers, or directors for your business entity below.

ORGANIZATION NAME	
Name of Organization	PALM REALTY INC
D/B/A or Trade Name	N/A

LIMITED LIABILITY CORPORATION QUESTIONS	
If your corporation is a limited liability corporation (LLC); is the corporation member managed or manager managed? You can check your Articles of Incorporation for this information.	
Member Managed <input type="checkbox"/>	Manager Managed <input type="checkbox"/>

Please list below all Officers, Directors, Managers, and/or Shareholders with 10% or more interest in the business:

MANAGEMENT INFORMATION			
Last Name	First	Middle	Title
SPIRO	MELINDA	EL	PRESIDENT
Office Held	Percentage of Ownership	Active	Suffix
PRESIDENT	50%	<input checked="" type="checkbox"/>	
RESIDENCE ADDRESS			
Street Address or P.O. Box			
9382 AQUA VISTA BLVD			
City	State	Zip Code (+4 optional)	
BOYNTON BEACH	FL	33437	
County (if Florida address)	Country		
PALM BEACH	USA		

MANAGEMENT INFORMATION			
Last Name	First	Middle	Title
FRY	HONEY	P	SALES ASSOCIATE
Office Held	Percentage of Ownership	Active	Suffix
SALES ASSOCIATE	50%	<input checked="" type="checkbox"/>	
RESIDENCE ADDRESS			
Street Address or P.O. Box			
3760 LEARWOOD DRIVE			
City	State	Zip Code (+4 optional)	
LOXAHATCHEE	FL	33470	
County (if Florida address)	Country		
PALM BEACH	USA		

Resigned
as VP
6/15
SL
3104071

RESIGNED
AS VP