

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90326 004 ***150.00

DOCUMENT # P02000034677

1. Entity Name
PALM BEACH FOAM, INC.



Principal Place of Business
**119 GIBRALTAR ST
ROYAL PALM BCH, FL 33411**

Mailing Address
**119 GIBRALTAR ST
ROYAL PALM BCH, FL 33411**

50037747

2. Principal Place of Business
900 Leelan Way
Suite, Apt. #, etc. **3**

3. Mailing Address
900 Leelan Way
Suite, Apt. #, etc. **3**



04132005 Chg-P CR2E034 (10/03)

City & State
West Palm Bch, FL
Zip **33411** Country **Palm Beach**

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West Palm Bch, FL
Zip **33411** Country **Palm Beach**

4. FEI Number
02-0573107
Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MULLIN, JAMES G
2080 NW BOCA RATON BLVD #6
BOCA RATON, FL 33431**

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **JONES, GEORGE**
STREET ADDRESS **119 GIBRALTAR ST**
CITY-ST-ZIP **ROYAL PALM BCH, FL 33411**

TITLE **DV** ☐ Delete
NAME **JONES, LISA**
STREET ADDRESS **119 GIBRALTAR ST**
CITY-ST-ZIP **ROYAL PALM BCH, FL 33411**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **DP** ☒ Change ☐ Addition
NAME **Jones, George**
STREET ADDRESS **900 Leelan Way, #3**
CITY-ST-ZIP **West Palm Bch, FL 33411**

TITLE **DV** ☒ Change ☐ Addition
NAME **Jones, Lisa**
STREET ADDRESS **900 Leelan Way, #3**
CITY-ST-ZIP **West Palm Bch, FL 33411**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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: Lisa M. Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/05
Date Daytime Phone #