

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90045 025 \*\*\*150.00

**DOCUMENT # P02000076926**

1. Entity Name  
**PALM BEACH SCOOTERS, INC.**



Principal Place of Business  
**223 SUNRISE AVENUE  
PALM BEACH, FL 33480**

Mailing Address  
**223 SUNRISE AVENUE  
PALM BEACH, FL 33480**

**66002933**



01152008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**30-0111601**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KRASKER, PAUL A ESQ  
625 N. FLAGLER DRIVE, 9TH FLOOR  
WEST PALM BEACH, FL 33401**

**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

*Mark Quinn*  
**Mark Quinn**

**1-31-08**

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, 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	D
NAME	QUINN, MARK
STREET ADDRESS	223 SUNRISE AVENUE
CITY- ST- ZIP	PALM BEACH, FL 33480
TITLE	D
NAME	QUINN, JODY
STREET ADDRESS	223 SUNRISE AVENUE
CITY- ST- ZIP	PALM BEACH, FL 33480
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:

*Mark Quinn*  
**Mark Quinn**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/6/08**

DATE

**561 6894583**

DAYTIME PHONE #