

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 04, 2006 8:00 am**  
**Secretary of State**

08-04-2006 90018 001 \*\*\*150.00

**DOCUMENT # P02000103995**

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



Principal Place of Business  
**11438 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408**

Mailing Address  
**153 ISLE VERDE WAY  
PALM BEACH GARDENS, FL 33418 US**

**50024314**



07202006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**81-0642034**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

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

**HERRMANN, KELLEY R  
474 CAPISTRANO DRIVE 153 ISLE VERDE WAY  
PALM BEACH GARDENS, FL 33410**

**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

*Kelley R Herrmann* **Kelley Herrmann**

**7/20/06**

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  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
HERRMANN, KELLEY R  
11438 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408**

TITLE  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/20/06**

Date

Daytime Phone #