

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90018 003 \*\*\*150.00

**DOCUMENT # P03000003808**

1. Entity Name

**PARTNERS DEVELOPMENT GROUP INC.**



Principal Place of Business

**10218 ALLAMANDA BOULEVARD  
PALM BEACH GARDENS FL 33410**

Mailing Address

**10218 ALLAMANDA BOULEVARD  
PALM BEACH GARDENS FL 33410**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**43-1996361**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAYES, CHRISTOPHER  
10218 ALLAMANDA BOULEVARD  
PALM BEACH GARDENS FL 33410**

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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | PD                           | <input type="checkbox"/> Delete |
| NAME           | CLERKE, WILLIAM              |                                 |
| STREET ADDRESS | 3200 VIA ROYALE APT 3206     |                                 |
| CITY-ST-ZIP    | JUPITER FL 33458             |                                 |
| TITLE          | VD                           | <input type="checkbox"/> Delete |
| NAME           | WHITNEY, DOUGLAS J           |                                 |
| STREET ADDRESS | 18319 SE RIDGEVIEW COURT     |                                 |
| CITY-ST-ZIP    | TEQUESTA FL 33469            |                                 |
| TITLE          | STD                          | <input type="checkbox"/> Delete |
| NAME           | STEPHENS, DAVID              |                                 |
| STREET ADDRESS | 18319 SE RIDGEVIEW COURT     |                                 |
| CITY-ST-ZIP    | TEQUESTA FL 33469            |                                 |
| TITLE          | VP                           | <input type="checkbox"/> Delete |
| NAME           | Hayes, Christopher           |                                 |
| STREET ADDRESS | 10218 Allamanda Blvd         |                                 |
| CITY-ST-ZIP    | Palm Beach Gardens, FL 33410 |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> Delete |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

**3/28/06**

Date

**561-354-1160**

Daytime Phone #