

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90200 034 ***150.00

DOCUMENT # P03000057232



1. Entity Name
PALM BEACH AUTO, INC.

Principal Place of Business
**12765 FOREST HILL BOULEVARD
SUITE 1302
WELLINGTON, FL 33414**

Mailing Address
**12765 FOREST HILL BOULEVARD
SUITE 1302
WELLINGTON, FL 33414**

41070300



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04302004

Chg-P

CR2E034 (10/03)

4. FEI Number

Applied For

57-1167763

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

**DE MENDOZA, MARIO G III
12765 FOREST HILL BOULEVARD
SUITE 1302
WELLINGTON, FL 33414**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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 **D** ☒ Delete
NAME **DE MENDOZA, MARIO G III**
STREET ADDRESS **12765 FOREST HILL BOULEVARD, SUITE 1302**
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE **D** ☐ Change ☒ Addition
NAME **Guinan, Edward J.**
STREET ADDRESS **11861 Maidstone Dr.**
CITY-ST-ZIP **Wellington, FL, 33414**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 an other like empowered.

SIGNATURE:

Edward J. Guinan, Director

4/30/04

(561)317-9796

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #