

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000109158

**FILED**  
**Jan 24, 2011**  
**Secretary of State**

**Entity Name:** PALM BEACH FARRIER SUPPLY, INC.

**Current Principal Place of Business:**

3500 FAIRLANE FARMS RD  
SUITE 13  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

3500 FAIRLANE FARMS RD  
SUITE 13  
WELLINGTON, FL 33414

**New Mailing Address:**

**FEI Number:** 20-0288521

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REAM, JOY M  
3500 FAIRLANE FARMS RD, #13  
WELLINGTON, FL 33414 US

**Name and Address of New Registered Agent:**

REAM, JOY M  
3500 FAIRLANE FARMS RD.  
SUITE 13  
WELLINGTON, FL 33414 US

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

01/24/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: REAM, JOY M  
Address: 3500 FAIRLANE FARMS RD #13  
City-St-Zip: WELLINGTON, FL 33414

Title: MD  
Name: REAM, JERALD A  
Address: 2211 WASHINGTON BLVD.  
City-St-Zip: BELPRE, OH 45714

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOY M. REAM

PD

01/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date