

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

03-08-2005 90187 016 \*\*\*150.00

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**FILED**

05 APR -7 PM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**50023885**

DOCUMENT # P03000111040

1. Entity Name  
PALM BEACH HOMES TRUST CO., INC.



Principal Place of Business  
319 CLEMATIS STREET  
SUITE 811  
WEST PALM BEACH, FL 33401

Mailing Address  
319 CLEMATIS STREET  
SUITE 811  
WEST PALM BEACH, FL 33401



03022005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
57-1197013

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

WOHLSIFER & ASSOCIATES, P.A.  
319 CLEMATIS STREET  
SUITE 811  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PATD
NAME	WOHLSIFER, WILLIAM R
STREET ADDRESS	319 CLEMATIS STREET #811
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	VSD
NAME	TASSOS, STEPHANIE
STREET ADDRESS	319 CLEMATIS STREET, #811
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
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**

*[Handwritten Signature]*

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 all other life empowered.

SIGNATURE: *[Handwritten Signature]* 03-03-2005 (501) 655-5114  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #