

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000111040

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

**FILED**  
**Feb 12, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1100 EAST PARK AVE  
SUITE B  
TALLAHASSEE, FL 32301 US

**New Principal Place of Business:**

**Current Mailing Address:**

1100 EAST PARK AVE  
SUITE B  
TALLAHASSEE, FL 32301 US

**New Mailing Address:**

FEI Number: 57-1197013

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILLIAM, WOHLISIFER R ESQUIRE  
1100 EAST PARK AVE  
SUITE B  
TALLAHASSEE, FL 32301 US

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

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: WOHLISIFER, WILLIAM R ESQUIRE  
Address: 1100 EAST PARK AVE, SUITE B  
City-St-Zip: TALLAHASSEE, FL 32301

Title: DVS  
Name: WOHLISIFER, STEPHANIE T  
Address: 1100 EAST PARK AVE, SUITE B  
City-St-Zip: TALLAHASSEE, FL 32301

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: WILLIAM WOHLISIFER

PRES

02/12/2011

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

\_\_\_\_\_  
Date