

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90035 046 ***150.00

DOCUMENT # P03000116677

1. Entity Name

PALM BEACH PUSSY, INC.



Principal Place of Business

1132 GRAND CAY DRIVE
PALM BEACH GARDENS FL 33418

Mailing Address

PO BOX 33492
WEST PALM BEACH FL 33420-3492



2. Principal Place of Business - No P.O. Box #

1132 Grand Cay Drive

Suite, Apt. #, etc.

Palm Beach Gardens, FL.

City & State

33418

USA

Zip

Country

3. Mailing Address

PO BOX 33492

Suite, Apt. #, etc.

Palm Beach Gardens, FL.

City & State

33420 - 3492 USA

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

71-0956260

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEE, PATRICIA A
1132 GRAND CAY DRIVE
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

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

Patricia A. Lee, president Patricia A. Lee 4/11/08

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, 2008 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

TITLE	DPT	<input type="checkbox"/> Delete
NAME	LEE, PATRICIA A	
STREET ADDRESS	1132 GRAND CAY DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	DVS	<input checked="" type="checkbox"/> Delete
NAME	LEE, SUSAN B	Correction
STREET ADDRESS	1132 GRAND CAY DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lee, Sean B.	
STREET ADDRESS	1132 Grand Cay Drive	
CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
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:

Patricia A. Lee Patricia A Lee

4/11/08

Date

Daytime Phone #

561-627-3815