## ANNUAL REPORT DOCUMENT # P03000129187 **FILED** 1. Entity Name Feb 09, 2006 08:00 AN BNB OF PALM BEACH COUNTY, INC. **Secretary of State** Principal Place of Business Mailing Address 14741 MORGAN CLOSE 14741 MORGAN CLOSE WELLINGTON, FL 33414 WELLINGTON, FL 33414 02042006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0490502 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BUTLER, WILLIAM M 14741 MÖRGAN CLOSE WELLINGTON, FL 33414 IN THIS SPACE 8. The above named entity submits this statement for the curpose 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent algoriture required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 **\$5.00** May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BUTLER, WILLIAM M NAME 14741 MORGAN CLOSE STREET ADDRESS -U00000426789 CITY-ST-7IP WELLINGTON, FL 33414 TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAM STREET ADDRESS DO NOT WRITE CITY-ST-ZIP

## IN THIS SPACE

12	2. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 of 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
	changed, or on an attachment with an address, with all other like empowered.

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TITLE

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SMATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

WILLIAM M BULLAR

2-3-06