

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000042968

1. Entity Name  
32967 PARTNERS, INC.



Principal Place of Business  
630 MAPLEWOOD DRIVE  
100  
JUPITER, FL 33458

Mailing Address  
630 MAPLEWOOD DRIVE  
100  
JUPITER, FL 33458

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**



02252008 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-0803977

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

TAYLOR, WILLIAM E  
630 MAPLEWOOD DRIVE  
100  
JUPITER, FL FL334-58

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME GRAZIOTTO, RAYMOND E  
STREET ADDRESS 19651 N RIVERSIDE DR  
CITY-ST-ZIP TEQUESTA, FL 33469

TITLE CD  
NAME SOLOMON, J C II  
STREET ADDRESS 3176 CASSEEKEY ISLAND RD  
CITY-ST-ZIP JUPITER, FL 33477

TITLE SCFO  
NAME TAYLOR, WILLIAM E  
STREET ADDRESS 630 MAPLEWOOD DRIVE, #100  
CITY-ST-ZIP JUPITER, FL 33458

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000932584  
05/22/08-80059-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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 William E Taylor CPO William E Taylor  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-08

Date

561-625-9443  
Daytime Phone #