

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90094 040 ***150.00

DOCUMENT # P04000070363

1. Entity Name

NATURES OF THE PALM BEACHES, INC.



Principal Place of Business

700 SOUTH FEDERAL HWY., STE. 200
BOCA RATON FL 33432

Mailing Address

700 SOUTH FEDERAL HWY., STE. 200
BOCA RATON FL 33432

2. Principal Place of Business

5681 OLD MYSTIC CT

Suite, Apt. #, etc.

3. Mailing Address

5681 OLD MYSTIC CT

Suite, Apt. #, etc.

City & State

JUPITER, FL

City & State

JUPITER, FL

Zip

33458-3419

Country

PALM BEACH

Zip

33458-3419

Country

PALM BEACH

4. FEI Number

20-1084538

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/04)



6. Name and Address of Current Registered Agent

GARELLEK, STEVEN
700 SOUTH FEDERAL HWY., STE. 200
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

DONNA MAY

Street Address (P.O. Box Number is Not Acceptable)

5681 OLD MYSTIC CT

City

JUPITER

FL

Zip Code

33458-3419

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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 PRESIDENT / D ☐ Delete
NAME DONNA MAY
STREET ADDRESS 5681 OLD MYSTIC CT
CITY-ST-ZIP JUPITER, FL 33458-3419

TITLE VP ☐ Delete
NAME ANDREW MAY
STREET ADDRESS 5681 OLD MYSTIC CT
CITY-ST-ZIP JUPITER, FL 33458-3419

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONNA MAY 4/26/05 561-747-8174

Date

Daytime Phone #