


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90479 019 ***150.00

DOCUMENT # P04000075475 1. Entity Name OLD PALM REALTY CORP.					
Principal Place of Business 11101 GREEN BAYBERRY DRIVE PALM BEACH GARDENS, FL 33418 US			Mailing Address C/O COL 505 S FLAGLER 910 WEST PALM BEACH, FL 33401 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent FRNK CHOPIN, ESQUIRE 1 NORTH CLEMATIS ST, 5TH FLOOR WEST PALM BEACH, FL 33401				7. Name and Address of New Registered Agent Name Jones Foster Service, LLC Street Address (P.O. Box Number is Not Acceptable) 505 S. Flagler Drive, Suite 1100 City West Palm Beach FL Zip Code 33401	
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 <u>David E. Bowers</u> David E. Bowers manager <u>4/20/06</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required for non-filing.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P <input type="checkbox"/> Delete FLOYD, ROBERT L 11101 GREEN BAYBERRY DRIVE PALM BEACH GARDENS, FL 33418		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4/26/06</u> <small>Date Daytime Phone #</small>		