


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

4/26 Apr 25, 2005 8:00 am
Secretary of State

04-04-2005 90062 026 ***150.00

| | |
|--|---|
| DOCUMENT # P04000151857 |  |
| 1. Entity Name ROADTRIP OF PALM BEACH, INC. | |

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| Principal Place of Business 2119 SOUTH DIXIE HIGHWAY WEST PALM BEACH, FL 33401 | Mailing Address 2119 SOUTH DIXIE HIGHWAY WEST PALM BEACH, FL 33401 |
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66012826



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|--|---------|--|----------------------|
| 2. Principal Place of Business | | 3. Mailing Address <i>1645 Palm Beach Lakes Blvd, #1050</i> | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State <i>West Palm Beach, FL</i> | | City & State | |
| Zip <i>33401</i> | Country | Zip <i>33401</i> | Country <i>US</i> |

03302005 Chg-P CR2E034 (10/03)

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|------------------------------------|--|
| 4. FEI Number <i>20-1959336</i> | Applied For <input type="checkbox"/> Not Applicable |
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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

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| 6. Name and Address of Current Registered Agent BRAMS, DANIEL J ESQ. 1645 PALM BEACH LAKES BLVD. SUITE 1050 WEST PALM BEACH, FL 33401 |
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|--|----------|
| 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$580.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$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 | PVST HOUCK, TY 2119 SOUTH DIXIE HIGHWAY WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HOUCK, TY 2119 SOUTH DIXIE HIGHWAY WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 |

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]* *TYLOR PORTER HOUCK* 3-29-05 561-655-4836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #