


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90047 007 ***150.00

DOCUMENT # P04000166997 1. Entity Name T & S PROPERTIES OF THE PALM BEACHES, INC.	
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Principal Place of Business 16330 N. 91ST PLACE LOXAHATCHEE, FL 33470	Mailing Address 16330 N. 91ST PLACE LOXAHATCHEE, FL 33470
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DO NOT WRITE IN THIS SPACE

40018220


01192006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2041893	Applied For 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 SCHNELL, JOHN B 16330 N. 91ST PLACE LOXAHATCHEE, FL 33470
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**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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNELL, JOHN B 16330 N. 91ST PLACE LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOWNSEND, GARY L 3167 HOY LAKE ROAD LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:  **2/20/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #