

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000003951

1. Entity Name  
FF & RR OF PALM BEACH, INC.



Principal Place of Business  
157 LONGFELLOW DR  
LAKE WORTH, FL 33461

Mailing Address  
157 LONGFELLOW DR  
LAKE WORTH, FL 33461

08 OCT -1 PH 2:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07172008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
81-0661150

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALEZ, FRANCISCO  
157 LONGFELLOW DR  
LAKE WORTH, FL 33461

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, FRANCISCO 157 LONGFELLOW DR LAKE WORTH, FL 334612020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, ROSA 157 LONGFELLOW DR LAKE WORTH, FL 334612020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GONZALEZ, FRANK 157 LONGFELLOW DR. LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

400136576694  
10/02/08--01036--004 \*\*158.75

400136576694  
10/02/08--01036--004 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

400136576694  
10/02/08--01036--004 \*\*158.75

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/08

Date

Daytime Phone #

10/1/08