

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90363 008 \*\*\*150.00

**DOCUMENT # P05000028507**

1. Entity Name  
**PALMETTO PARK TITLE SERVICES, INC.**



Principal Place of Business  
**399 W. PALMETTO PARK ROAD  
SUITE 106  
BOCA RATON, FL 33432 US**

Mailing Address  
**399 W. PALMETTO PARK ROAD  
SUITE 106  
BOCA RATON, FL 33432 US**

**40842913**

2. Principal Place of Business

3. **CHLOE BLAKESBERG & CO CPAS**  
**951 SW 4TH AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03212006 Chg-P CR2E034 (11/05)

City & State

City & State  
**BOCA RATON, FL**

4. FEI Number

**25-1911224**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33432**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**MADDEN, ROBIN A P  
399 W. PALMETTO PARK ROAD  
SUITE 106  
BOCA RATON, FL 33432**

## 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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

## 10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **MADDEN, ROBIN A**  
STREET ADDRESS **399 W. PALMETTO PARK ROAD, #106**  
CITY-ST-ZIP **BOCA RATON, FL 33432**

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

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  
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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 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:

*Robin Madden*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROBIN MADDEN**

*Pres.*  
**PRESIDENT**

Date

Daytime Phone #

**3/28/06**