2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2007 8:00 am Secretary of State

	AITITOAL	- 1461 0141				SCCICIA	11 V U1 131	aic
DOCUMENT # P05000157286 1. Entity Name					04-18-2007 90195 002 ***150.00			
F&RPR	OPERTIES OF PALM BEA	CH, INC.						
Principal Place of Business Mailing Address					1	400004	n (1	
6322 PRESTWICK COURT		6322 PRESTWICK COURT			40068499			
LAKE WORTH	1, FL 3346/	LAKE WORTH, FL 334	b <i>i</i>					
						 		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04162007	Chg-P	CR2E034 (12/06	S)	
City & State		City & State			4. FEI Numb	er ED FOR		Applied For Not Applicable
Zip	Country Zip Ci		Country			of Status Desired	□ \$8.75 A	dditional
6. Name and Address of Current Registered Agent				Fee Required 7. Name and Address of New Registered Agent				
				Name				
IRWIN, FRANK 6322 PRESTWICK COURT LAKE WORTH, FL 33467			Stre	Street Address (P.O. Box Number is Not Acceptable)				
			City		FL Zip Code			ode
8. The above	e named entity submits this statement for	or the purpose of changing its	registered offic	e or registe	red agent, or bo	oth, in the State of Fl	orida. I am familiar wil	h, and accept
	lions of registered agent.							
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent s	gnature required	d when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution					.00 May Be led to Fees			-
10.	OFFICERS AND	DIRECTORS	11.	-	ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTO	RS IN 11
TITLE	PST	☐ Delete	TITLE	I	7,55,110110	, 0.111.1020 10 011	☐ Change	
NAME	IRWIN, FRANK		NAME					
STREET ADDRESS CITY-ST-ZIP	6322 PRESTWICK COURT LAKE WORTH, FL 33467		STREET ADORI	SS			•	
TITLE	VP	Delete	TITLE	1	,		Change	Addition
NAME	IRWIN, RENEE		NAME	- 1				
STREET ADDRESS CITY-ST-ZIP	5119 WHITEWOOD WAY		STREET ADDRI	SS				
TITLE	LAKE WORTH, FL 33467	□ Defete	TITLE				☐ Chang	Addition
NAME		L Detete	NAME				□ craiû	: LI MOULION
STREET ADDRESS			STREET ADDRE	ss				
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		☐ Delete	NAME				☐ Changi	Addition
STREET ADDRESS			STREET ADDRE	ss				
CITY-ST-ZIP			CITY-ST-ZIP				·	
TITLE		☐ Delete	TITLE				Change	Addition
STREET ADDRESS			NAME Street Addri	,,				
CITY-ST-ZIP			CITY-ST-ZIP	~				
TITLE	 	☐ Delete	TITLE	 -			□ Chann	noitibh 🔲

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/07 561-649.382