

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000165196

1. Entity Name  
SEA FORCE IX OF PALM BEACH CHARTER COMPANY,  
INC.



Principal Place of Business  
6110 NORTH OCEAN BLVD #37  
BOYNTON BEACH, FL 33435

Mailing Address  
C/O DAVID PITCHFORD  
10172 LINN STATION ROAD  
LOUISVILLE, KY 40223

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

HAFT, STUART J ESQ  
C.O ALLEY MAASS ROGERS & LINDSAY, P.A.  
340 ROYAL POINCIANA WAY STE 321  
PALM BEACH, FL 33480

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE DC ☐ Delete  
NAME NICHOLS, J.D.  
STREET ADDRESS 10172 LINN STATION ROAD  
CITY-ST-ZIP LOUISVILLE, KY 40223

TITLE DP ☐ Delete  
NAME LAVIN, BRIAN F  
STREET ADDRESS 10172 LINN STATION ROAD  
CITY-ST-ZIP LOUISVILLE, KY 40223

TITLE EVP ☐ Delete  
NAME WELLS, GREGORY A  
STREET ADDRESS 10172 LINN STATION ROAD  
CITY-ST-ZIP LOUISVILLE, KY 40223

TITLE VPT ☐ Delete  
NAME PITCHFORD, DAVID B  
STREET ADDRESS 10172 LINN STATION ROAD  
CITY-ST-ZIP LOUISVILLE, KY 40223

TITLE VPS ☐ Delete  
NAME HOWARD, SUSAN M  
STREET ADDRESS 10172 LINN STATION ROAD  
CITY-ST-ZIP LOUISVILLE, KY 40223

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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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Susan M. Howard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*VP/Secretary*

Date

Daytime Phone #

POSTING AUTHORIZATION

Date Apr 27, 2007 **FILED**  
Profit Center  
Account Code  
Job Cost  
Property / Project Manager  
Property / Project Senior Manager

Accountant  
Acctg Manager  
Acctg Manager



01042007 Chg-P CR2E034 (12/06)

4. FEI Number 20-3975126  
Applied For  
Not Applicable

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