

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90024 005 ***150.00

DOCUMENT # P06000150046

1. Entity Name
PALM BEACH CUSTOM DESIGN, INC



Principal Place of Business Mailing Address
4200 N. OCEAN DRIVE 4200 N. OCEAN DRIVE
UNIT 1501-1 UNIT 1501-1
SINGER ISLAND, FL 33404 US SINGER ISLAND, FL 33404 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
123 LAKESHORE DR. 123 LAKESHORE DR.
Suite, Apt. #, etc. Suite, Apt. #, etc.
UNIT 2043 UNIT 2043
City & State City & State
NORTH PALM BEACH NORTH PALM BEACH
Zip Zip
33408 33408
Country Country
US US



01282008 Chg-P CR2E034 (12/06)

4. FEI Number 42-1722105 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALBERTS, THOMAS P
4200 N. OCEAN DRIVE
UNIT 1501-1
SINGER ISLAND, FL 33404

7. Name and Address of New Registered Agent

Name ALBERTS, THOMAS P.
Street Address (P.O. Box Number is Not Acceptable)
123 LAKESHORE DR
UNIT 2043
City NORTH PALM BEACH FL Zip Code 33408

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 Thomas P. Alberts THOMAS P. ALBERTS PRES. 28 JAN 08
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, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRES ☐ Delete
NAME ALBERTS, THOMAS P
STREET ADDRESS 4200 N. OCEAN DRIVE, UNIT 1501-1
CITY-ST-ZIP SINGER ISLAND, FL 33404

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 PRES ☒ Change ☐ Addition
NAME ALBERTS, THOMAS P.
STREET ADDRESS 123 LAKESHORE DR., UNIT 2043
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

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

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: Thomas P. Alberts THOMAS P. ALBERTS 28 JAN 08
Signature and typed or printed name of signing officer or director

Date Daytime Phone #

1-561-776-3871