

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P06682**

1. Entity Name

**SONITROL OF THE PALM BEACHES COMPANY**



Principal Place of Business

**1133 OLD OKEECHOBEE ROAD  
WEST PALM BEACH FL 33401**

Mailing Address

**1133 OLD OKEECHOBEE ROAD  
WEST PALM BEACH FL 33401**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

**59-2451532**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSENTHAL, REBECCA S. ESQ  
1133 OLD OKEECHOBEE ROAD  
WEST PALM BEACH FL 33401**

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROSENTHAL, JOSEPH 1133 OLD OKEECHOBEE RD WEST PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ROSENTHAL, REBECCA S. 1133 OLD OKEECHOBEE RD WEST PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*Joseph Rosenthal*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/17/04* (561) 833-3399 ext 109

Date Daytime Phone #