

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90240 007 ***150.00

DOCUMENT # P93000088124

1. Entity Name
BOMBAY HOLDINGS, INC.



Principal Place of Business

11811 US HWY ONE
SUITE 102
N PALM BCH, FL 33408 US

Mailing Address

11811 US HWY ONE
SUITE 102
N PALM BCH, FL 33408 US

2. Principal Place of Business

100 FRONT ST.
Suite, Apt. #, etc.
SUITE 900

3. Mailing Address

100 FRONT ST.
Suite, Apt. #, etc.
SUITE 900

City & State

W. CONSHOCKEN, PA W. CONSHOCKEN, PA

Zip
19428

Country

US

City & State

19428 US

03102006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-3215574

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

VALDES FAULL CORPORATE SERVICES, INC
777 S FLAGLER DRIVE
SUITE 500E
WEST PALM BEACH, FL 33401

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 DPT ☐ Delete
NAME MORSE, PETER C
STREET ADDRESS 100 FOUR FALLS CORPORATE CENTER 205-S
CITY-ST-ZIP W CONSHOCKEN, PA

TITLE VS ☒ Delete
NAME UTLEY, JEAN
STREET ADDRESS 300 N. A1A, #B106
CITY-ST-ZIP JUPITER, FL 33477

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 100 FRONT ST. SUITE 900
CITY-ST-ZIP W. CONSHOCKEN, PA 19428

TITLE ☒ Change ☐ Addition
NAME ELIZABETH HEWITT
STREET ADDRESS 100 FRONT ST., SUITE 900
CITY-ST-ZIP W. CONSHOCKEN, PA 19428

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER C. MORSE

Date

Daytime Phone #

610-397-0880