


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000028987 1. Entity Name PALM BEACH REAL ESTATE INVESTMENT TRUST, INC.	
--	---

Principal Place of Business 1897 PALM BEACH LAKES BLVD STE 125 W PALM BEACH, FL 33409	Mailing Address 1897 PALM BEACH LAKES BLVD STE 125 W PALM BEACH, FL 33409
---	---



04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0502247	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BIERCE, EDWARD 1897 PALM BEACH LAKES BLVD STE 125 W PALM BEACH, FL 33409
--

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

U000000141283
04/30/04 00004 024 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BIERCE, EDWARD 1897 PALM BEACH LAKES BLVD. #125 WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDT GAMBLIN, ROGER 1897 PALM BEACH LAKES BLVD. #125 WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD EARSLEY, STEVE 390 86TH ST. LUBBOCK, TX
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04
Date

561-686-7611
Daytime Phone #