


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90087 046 ***150.00

DOCUMENT # P94000043256			
1. Entity Name GENTRY COMPANY OF PALM BEACH COUNTY, INC.			
Principal Place of Business C/O W.J. TREMBLAY P.A. 1801 S FEDERAL HIGHWAY STE 219 DELRAY BEACH, FL 33483 US		Mailing Address C/O W.J. TREMBLEY, P.A. 1801 S FEDERAL HWY SUITE 219 DELRAY BEACH, FL 33483 US	
2. Principal Place of Business - No P.O. Box # 1237 Roe Buck Court Suite, Apt. #, etc.		3. Mailing Address C/O TAX HOLD INC. 1730 S. FEDERAL HWY. Suite, Apt. #, etc. 260	
City & State WEST PALM BEACH, FL		City & State DELRAY BEACH, FL	
Zip 33401	Country US	Zip 33483	Country US
6. Name and Address of Current Registered Agent TREMBLAY, W J 1801 S. FEDERAL HWY #219 DELRAY BEACH, FL 33483		7. Name and Address of New Registered Agent Name TREMBLAY, W.J. Street Address (P.O. Box Number is Not Acceptable) 1730 S. FEDERAL HWY STE 260 City DELRAY BEACH FL Zip Code 33483	
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: <u>W.J. Tremblay</u> DATE: <u>01/31/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DPST GENTRY, RORY 2432 B ROAD LOXAHATCHEE, FL 33471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>[Signature]</u>		Date: <u>14/14/07</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	