

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000050400

1. Entry Name
PALM POINT ENTERPRISES OF FLORIDA, INC.



Principal Place of Business
**84 HIGHWAY 40 WEST
INGLIS, FL 32301**

Mailing Address
**4725 RIVERSIDE DR.
YANKEETOWN, FL 34498**



04042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3281820

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PRICE, D. JON
4725 RIVERSIDE DR.
YANKEETOWN, FL 34498**

**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 _____ 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
NAME
STREET ADDRESS
CITY ST ZIP
**D
BITZER, JO ANN
2724 DEER BERRY CT
LONGWOOD, FL 32779**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**P
PRICE, ARDIS L
4725 RIVERSIDE DR.
YANKEETOWN, FL 34498**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**D
RUBIN, SEYMOUR
101 EISENHOWER PKWY
ROSELAND, NJ 07068**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

04/21/06 80019-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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

Ardis L. Price **Ardis L. Price 4-5-06**

352-987-2415