

2007 FOR PROFIT CORPORATION ANNUAL REPORT-(AR)

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90047 025 ***150.00

DOCUMENT # P94000064560

1. Entity Name

PALM PARK AUTO UPHOLSTERY, INC.



Principal Place of Business

502 PALM STREET
BAY #18
WEST PALM BEACH FL 33401

Mailing Address

502 PALM STREET
BAY #18
WEST PALM BEACH FL 33401



2. Principal Place of Business - No P.O. Box #

502 Palm St

Suite, Apt. #, etc.

18

3. Mailing Address

502 Palm St

Suite, Apt. #, etc.

18

1st MOORE

CR2E034 (10/06)

City & State

West Palm Beach, FL

City & State

West Palm Beach FL

4. FEI Number

65-0523724

Applied For

Not Applicable

Zip

33401

Country

U.S.A.

Zip

33401

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SECRIST, STEVE CHARLES
502 PALM STREET
BAY #18
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name Secrist Steve Charles

Street Address (P.O. Box Number is Not Acceptable)

502 Palm St # 18

City WPRB

FL

Zip Code

33401

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

Charles S. Secrist Charles S Secrist

01-18-07

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, 2007 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

TITLE D
NAME SECRIST, CHARLES STEVE ☐ Delete
STREET ADDRESS 4895 DILLON STREET
CITY- ST- ZIP LAKE WORTH FL 33463

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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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
CITY- ST- ZIP

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

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

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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 Section 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:

Charles S. Secrist

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-18-07 561-832-8281

Date

Daytime Phone #