

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90034 013 ***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.

Suite #18

City & State

West Palm Beach Florida

Zip

33401

Country

U.S.A.

3. Mailing Address

502 Palm St.

Suite, Apt. #, etc.

Suite #18

City & State

West Palm Beach

Zip

33401

Country

U.S.A.

1st MOORE

CR2E034 (10/07)

4. FEI Number

65-0523724

Applied For

Not Applicable

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

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

Charles Steve Secrist **Charles Steve Secrist**

01 25 2008

(Signature, typed or printed name of registered agent and state, if applicable)

(NOTE: Registered Agent signature required when substituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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	<input type="checkbox"/> Delete
NAME	SECRIST, CHARLES STEVE	
STREET ADDRESS	4895 DILLON STREET	
CITY-STATE-ZIP	LAKE WORTH FL 33463	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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 Steve Secrist **Charles Steve Secrist**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01 25 2008

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