

FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P94000087306

1. Entity Name

Palm Place Properties, Inc.



11 MAY 27 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1800 Old Okeechobee Rd

Suite, Apt. #, etc.
Suite 200

City & State
West Palm Beach, FL

Zip
33409

Country
US

3. Mailing Address

P.O. Box 16008

Suite, Apt. #, etc.

City & State
West Palm Beach, FL

Zip
33416

Country
US

4. FEI Number

650546784

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

CR2E034B (1/11)

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7. Name and Address of Current Registered Agent

Name
John C. Swearingen

Street Address (P.O. Box Number is Not Acceptable)
1800 Old

Okeechobee Rd, Suite 200 A

City
West Palm Beach

FL

Zip Code
33409

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

☐ \$5.00 May Be

Trust Fund Contribution.

Added to Fees

E-mail Address:

jsweARINGEN57@gmail.com

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
John C. Swearingen
1800 Old Okeechobee Rd, Ste 200
West Palm Beach, FL 33409

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
V
Sheiley M. Swearingen
1800 Old Okeechobee Rd, Ste 200
West Palm Beach, FL 33409

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
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CITY- ST- ZIP

700207321637
05/06/11--01037--025 **150.00

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

John C. Swearingen 5/25/11 561-689-9858