2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000014816

1. Entity Name
BY THE BOOK, OF THE PALM BEACHES, INC.

Principal Place of Business	Mailing Address
13756 SHEFFIELD STREET WEST W. PALM BEACH, FL 33414	13756 SHEFFIELD STREET WEST W. PALM BEACH, FL 33414

DO NOT WRITE IN THIS SPACE

01212008   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-0644417	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

PEAT, MARY
13756 SHEFFIELD STREET WEST
W. PALM BEACH, FL 33414

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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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS	
TITLE	D	
NAME	PEAT, DAVID	
STREET ADDRESS	13756 SHEFFIELD STREET	
CITY-ST-ZIP	W. PALM BEACH, FL 33414	
TITLE	D	
NAME	PEAT, MARY	
STREET ADDRESS	13756 SHEFFIELD STREET	
CITY-ST-ZIP	W. PALM BEACH, FL 33414	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
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CITY-ST-ZIP		

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05/21/08-80033-002 150.00

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ MARY PEAT   1/21/08   561 714 9995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #