

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000016525

1. Entity Name
PALM BEACH DATASERV INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
37 AUG 30 PM 12:39

Principal Place of Business
1100 NORTHPOINT PARKWAY
W PALM BEACH, FL 33407 US

Mailing Address
1307 13TH LN
PALM BCH GARDENS, FL 33418 US



08022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0646780

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HOGAN, FRANCIS J
1100 NORTHPOINT PARKWAY
WEST PALM BEACH, FL 33407

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8-10-07

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

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
HOGAN, FRANCIS J
1100 NORTHPOINT PARKWAY
W PALM BEACH, FL 33407

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

600109294576
09/11/07--01015--011 **150.00

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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

8-10-07

Date

561
301 674

Daytime Phone #

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I AM REQUESTING
A WAIVER OF THE
"LATE" FILING FEE

I DID TRY ON A
NUMBER OF OCCASIONS
TO FILE ONLINE
AT SUNBIZ.ORG

THE WEBSITE WOULD
NOT COMPLETE ANY
TRANSACTIONS AT ALL

THANKS

FRANK HOOAN
PALM BEACH DATASERV, INC
561 301 674