

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90213 035 ***150.00

DOCUMENT # P96000020271

1. Entity Name

PALM BEACH BEEF & ALE GARDEN CORP.



Principal Place of Business

7405 ST. ANDREWS ROAD
LAKE WORTH FL 33467
US

Mailing Address

7405 ST. ANDREWS ROAD
LAKE WORTH FL 33467
US

2. Principal Place of Business

273 OHIO RD
Suite, Apt. #, etc.

3. Mailing Address

273 OHIO RD
Suite, Apt. #, etc.

City & State

LAKE WORTH FL

City & State

LAKE WORTH FL

Zip

33467

Country

P.B.

Zip

33467

Country

Palm Beach

4. FEI Number

65-0646636

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHWENCKE, KERRY R
1209 NORTH OLIVE AVENUE
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

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, 2005 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 PD ☐ Delete
NAME ORI, CHRISTOPHER J
STREET ADDRESS 7405 ST. ANDREWS ROAD
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE STD ☐ Delete
NAME ORI, DANA
STREET ADDRESS 7405 ST. ANDREWS ROAD
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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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 exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

2004-100



1st MOORE

CR2E034 (10/04)

4/15/05 \$600 965-3939