2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2006 8:00 am Secretary of State

DOCUMENT # P9700062690 1. Entity Name PALM BEACH TROWEL, INC.						04-19-2006 90	0092 043 ***150	0.00	
Principal Plac	e of Business	Mailing Address	L Company		'	30,0			
479 LAKE AM		479 LAKE ANTHORPE DE	₹	·:		•			
LAKE PLACID		LAKE PLACID, FL 33852							
					 	A ABIRA INSIP NUNKI NUNKE NUKI S	DIE DRIE KRIE SIIS ININ AS	11 36 1 (1 1 36 1	
2 Principal P	lace of Business	3 Mailing Address		-					
z. mucipair	IZCO OF DUSHIESS	S. Walling Address	3. Mailing Address				BILL BILLE 1:012 BILL IDIN DA		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03262006	Chg-P	CR2E034 (11/05)		
						<u> </u>	<u> </u>		
City & State	9	City & State	City & State		4. FEI Numb 65-076		<u> </u>	plied For ot Applicable	
Zip	Country	Zip	Country				¢0.75 A		
_,,,	Joonal y		oco.n.,		5. Certificate	of Status Desired	Fee Require		
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New Reg	istered Agent		
CLADY D	ANIEL COD		Name	Name					
CLARK, DANIEL G SR 479 LAKE ANTHORPE DR				Street Address (P.O. Box Number is Not Acceptable)					
LAKE PLACID, FL 33852			ļ						
			City				FL Zip Cod	ө	
8. The above	named entity submits this statement (or the purpose of changing its re	aistered office o	r register	ed agent, or bo	th, in the State of Florid		and accept	
	ions of registered agent.		.	0		,			
SIGNATURE.									
0,0(1,7)0,12.	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: I	Registered Agent signa	ure required	when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.					.00 May Be ed to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFFIC	ERS AND DIRECTOR	S IN 11	
TITLE	Р	☐ Delete	TITLE	DP			Change	☐ Addition	
NAME	CLARK, DANIEL G SR		NAME			Clark, Sr.			
STREET ADDRESS CITY-ST-ZIP	479 LAKE APTHORPE DR LAKE PLACID, FL 33852		STREET ADDRESS CITY-ST-ZIP	Lal	ke Placi	pthorpe Dri d, FL 33852	ve		
TITLE	T	☐ Delete	TITLE	DV			★ Change	☐ Addition	
NAME	CLARK, SUE	C Detate	NAME	Suc	Clark		K Change	_ Awarion	
STREET ADDRESS	479 LAKE APTHORPE DR		STREET ADDRESS	479	9 Lake A	pthorpe Dri			
CITY-ST-ZIP	LAKE PLACID, FL 33852		CITY-ST-ZIP	Lal	ke Placi	d, FL 33852			
TITLE	S	☐ Delete	TITLE	DS			Change	☐ Addition	
NAME	CLARK, DANIEL G JR		NAME			Clark, Jr. pthorpe Dri	WO.		
STREET ADDRESS CITY-ST-ZIP	479 LAKE APTHORPE DR LAKE PLACID, FL 33852		STREET ADDRESS CITY-ST-ZIP			d, FL 33852			
TITLE	VP	⊠ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition	
NAME	HATCH, JOE	MES COURC	NAME				ccgc		
STREET ADDRESS	37 HATCH RD		STREET ADDRESS						
CITY-ST-ZIP	VENUS, FL 33960		CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				Change	☐ Addition	
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE		Delete	TITLE			****	Change	☐ Addition	
NAME		C Delete	NAME				go		
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CATY-ST-ZIP	<u> </u>	-				
12 hereby a	certify that the information supplied wit	h this filing does not qualify for	the exemptions of	contained	Lin Chapter 11	9 Florida Statutes, I fu	rther certify that the in	nformation	

I nereby certify that the information supplied with this filling 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.

CI	CN	ΙΔΤΙ	ID	⊏.

Que B. Clark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

863-441-0969 Daytene Phone #