

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90403 019 ***158.75

DOCUMENT # P97000103661

1. Entity Name

PALM BEACH LOCOMOTIVE WORKS, INC.



Principal Place of Business

DUVAL COUNTY FLA JAX
JACKSONVILLE FL 32219
US

Mailing Address

4482 RATLIFF RD
CALLAHAN FL 32011
US

24035573



MOORE CR2E034 (11/03)

2. Principal Place of Business

1911 S.W. 31 AVE

Suite, Apt. #, etc.

3. Mailing Address

43708 RATLIFF RD.

Suite, Apt. #, etc.

City & State

OCALA, FLA.

City & State

CALLAHAN, FL.

4. FEI Number

59-3482134

Applied For

Not Applicable

Zip

34474

Country

U.S.A.

Zip

32011

Country

U.S.A.

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PENTICOFF, CARL
4482 RATLIFF ROAD
CALLAHAN FL 32011

7. Name and Address of Registered Agent

Name
CARL PENTICOFF

Street Address (P.O. Box Number is Not Acceptable)
43708 RATLIFF RD

City
CALLAHAN

FL

Zip Code
32011

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 CARL PENTICOFF

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

Carl Penticoff

(NOTE: Registered Agent signature required when constituting)

4-1-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	P PENTICOFF, CARL 4482 RATLIFF ROAD CALLAHAN FL 32011	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 43708 RATLIFF RD CALLAHAN, FL 32011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Carl Penticoff - CARL PENTICOFF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-04

Date

9048795873

Daytime Phone #