


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90031 038 ***158.75

DOCUMENT # P97000103661		
1. Entity Name PALM BEACH LOCOMOTIVE WORKS, INC.		

Principal Place of Business 1911 SW 31 AVE OCALA FL 34474 US	Mailing Address 43708 RATLIFF RD CALLAHAN FL 32011 US
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2. Principal Place of Business 1911 SW 31 AVE	3. Mailing Address 43708 RATLIFF RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State OCALA, FLA	City & State CALLAHAN, FL
Zip 34474	Zip 32011
Country USA	Country USA



1st MOORE CR2E034 (10/04)

4. FEI Number 59-3482134		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PENTICOFF, CARL 43708 RATLIFF RD CALLAHAN FL 32011		
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 *Carl Penticoff* DATE 2-14-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PENTICOFF, CARL 43708 RATLIFF RD CALLAHAN FL 32011 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 W. Penticoff, Jr* **CARL W. PENTICOFF, JR** DATE 2-14-05 **9048795873**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR