

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000028791

1. Entity Name

DESIGNER SILKS OF PALM BEACH, INC.



Principal Place of Business

3695 INTERSTATE PKWY #5  
RIVIERA BEACH FL 33404

Mailing Address

3695 INTERSTATE PKWY #5  
RIVIERA BEACH FL 33404



1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0827079

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCARTHY, MAUREEN  
1604 SPRINGDALE CT.  
PALM BEACH GARDENS FL 33403

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, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME MCCARTHY, MAUREEN  
STREET ADDRESS 1604 SPRINGDALE COURT  
CITY- ST- ZIP PALM BEACH GARDENS FL 33403

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 000000627967  
CITY- ST- ZIP 02/15/07-80082-010 150.00

TITLE V ☐ Delete  
NAME PECK, WILLIAM  
STREET ADDRESS 3695 INTERSTATE PKWY #5  
CITY- ST- ZIP WEST PALM BEACH FL 33404

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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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 exemptions contained in Section 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:

*Maureen McCarthy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-07  
Date

561-882-9977  
Daytime Phone #