

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2007 08:00 A
Secretary of State

DOCUMENT # P98000030675

1. Entity Name

NORTH COUNTY SALES COMPANY



Principal Place of Business

**1555 PALM BEACH LAKES BLVD. #1100
WEST PALM BEACH, FL 33401**

Mailing Address

**C/O FLORIDA MANAGEMENT COMPANY
P.O. BOX 3267
WEST PALM BEACH, FL 33402**



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0827260

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ECCLESTONE, E L
1555 PALM BEACH LAKES BLVD. #1100
WEST PALM BEACH, FL 33401**

**DO NOT WRITE
IN THIS SPACE**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000654136

03/13/07-80050-003 158.75

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ECCLESTONE, E L
STREET ADDRESS	1555 PALM BEACH LAKES BLVD. #1100
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	DEVT
NAME	COOPER, RON
STREET ADDRESS	1555 PALM BEACH LAKES BLVD. #1100
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	S
NAME	GAMMON, NANNETTE
STREET ADDRESS	1555 PALM BEACH LAKES BLVD 1100
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RON COOPER

2/28/07

EXECUTIVE VICE PRESIDENT

Daytime Phone