

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000051613

1. Entity Name  
SHELF CORPORATION OF PALM BEACH, INC.



Principal Place of Business  
4420 BEACON CIR, STE 100  
WEST PALM BEACH, FL 33407

Mailing Address  
4420 BEACON CIR, STE 100  
WEST PALM BEACH, FL 33407



04272005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0923376

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

WARD, III, PHILIP H  
4420 BEACON CIR, STE 100  
WEST PALM BEACH, FL 33407

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME WARD, III, PHILIP H  
STREET ADDRESS 4420 BEACON CIR #100  
CITY - ST - ZIP WEST PALM BEACH, FL 33407

TITLE VP  
NAME POSNER, MICHAEL J  
STREET ADDRESS 4420 BEACON CIR #100  
CITY - ST - ZIP WEST PALM BEACH, FL 33407

TITLE TS  
NAME DAMON, CONRAD  
STREET ADDRESS 4420 BEACON CIR #100  
CITY - ST - ZIP WEST PALM BEACH, FL 33407

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000351297  
05/02/05-80138-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4/28/05  
Date

Daytime Phone #