

2007 FOR PROFIT CORPORATION ANNUAL REPORT-(AR)

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90077 010 ***150.00

DOCUMENT # P98000065604

1. Entity Name

PAST PERFECT FLORIDA HISTORY, INC.



Principal Place of Business

640 EAST OCEAN AVE
NO. 3
BOYNTON BEACH FL 33435

Mailing Address

640 EAST OCEAN AVE
NO. 3
BOYNTON BEACH FL 33435



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

3. Mailing Address
Post Office Box 14387

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State
North Palm Beach, FL

City & State
North Palm Beach, FL

4. FEI Number 65-0861122

Applied For

Not Applicable

Zip
33408

Country
U.S.A.

Zip
33408

Country
U.S.A.

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

SIEGEL, RONALD L
1800 CORPORATE BOULEVARD, N.W.
SUITE 302
BOCA RATON FL 33431

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
NAME
STREET ADDRESS
CITY - ST - ZIP
D
POLEO, BARBARA A
440 DEER CREEK PATH
DEERFIELD BEACH FL 33442 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
DILLON, RODNEY E JR
732 BUTTONWOOD ROAD
NORTH PALM BEACH FL 33408 ☐ Delete

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

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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: Rodney E. Dillon Jr. Rodney E. Dillon, Jr. 4/27/2007 561.742.7822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #