

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000068574

1. Entity Name
M. & D. PROPERTIES OF WEST PALM BEACH, INC.



FILED
May 19, 2005 08:00 AM
Secretary of State

Principal Place of Business
1401 CLARE AVENUE
WEST PALM BEACH, FL 33401

Mailing Address
1401 CLARE AVENUE
WEST PALM BEACH, FL 33401



04202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0861206

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STEIGHNER, DENISE
1401 CLARE AVENUE
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, 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 D
NAME STEIGHNER, DENISE
STREET ADDRESS 1401 CLARE AVE.
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE D
NAME STEIGHNER, MICHAEL
STREET ADDRESS 1401 CLARE AVE.
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE
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05/19/05-80004-013 150.00

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Denise Steighner 4/16/05 (561) 373-014