

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P98000069896

1. Entity Name  
THE PALM BEACHES BLUE BOOK, INC.



Principal Place of Business  
2000 SOUTH OLEAN BLVD.  
PH-1  
DELRAY BEACH, FL 33483

Mailing Address  
PO BOX 6120  
DELRAY BEACH, FL 33482-6120

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05122008 Chg-P CR2E034 (12/06)

4. FEI Number  
65-0867073

Applied For  
Not Applicable

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

FLORIDA FILING & SEARCH SERVICES, INC.  
1333 NORTH DUVAL ST  
TALLAHASSEE, FL 32308

Name  
Florida Filing & Search Services, Inc.  
Street Address (P.O. Box Number is Not Acceptable)

155 Office Plaza Dr., Suite A

City Tallahassee, FL Zip Code 32301

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

Amended AR is \$61.25

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 PS ☐ Delete  
NAME WELLS, MARY  
STREET ADDRESS PO BOX 6120  
CITY-ST-ZIP DELRAY BEACH, FL 33482

TITLE ☐ Change ☐ Addition  
NAME 200130931312  
STREET ADDRESS 06/05/08--01053--006 \*\*70.00  
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  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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: Mary Wells MARY WELLS 5/14/08 561-330-0999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

08 MAY 19 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

