## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

ED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE AND

SIGNATURE:

## May 02, 2005 08:00 AM Secretary of State DOCUMENT # P98000099410 1. Entity Name T AND M OF PALM BEACH, INC. Principal Place of Business Mailing Address 2812 E. MAIN ST. 2812 E. MAIN ST. PAHOKEE, FL 33476 PAHOKEE, FL 33476 CR2E034 (10/03) 04282005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0875609 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE HEFFERMAN, RICHARD L 2911 E. MAIN ST. PAHOKEE, FL 33476 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE MAHFUZ, ABDUL NAME STREET ADDRESS 5594 DUCKWEED RD. CITY-ST-ZIP LAKE WORTH, FL 33467 TITLE NAME UD0000354336 05/03/05-80104-002 150.00 STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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

FILED

Daytime Phone #