

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000002895

1. Entity Name
PALM BEACH BOAT SALES, INC.



Principal Place of Business
**7848 SOUTH FEDERAL HWY.
HYPOLUXO, FL 33462**

Mailing Address
**7848 SOUTH FEDERAL HWY.
HYPOLUXO, FL 33462**



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0885923** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WALTER, DINARDO
5810 CADILLAC DRIVE
LAKE WORTH, FL 33463**

**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 ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	DINARDO, WALTER
STREET ADDRESS	5810 CADILLAC DR
CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	D
NAME	BERMAN, LEO
STREET ADDRESS	2758 RONE DR
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	D
NAME	BERMAN, HARRIS
STREET ADDRESS	3560 S OCEAN BLVD
CITY-ST-ZIP	PALM BEACH, FL 33401
TITLE	P
NAME	WALTER, DINARDO
STREET ADDRESS	5810 CADILLAC DRIVE
CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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:

WALTER DINARDO
WALTER DINARDO

1-12-05

561-588-1932

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #