

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000058605

1. Entity Name
336 PARTNERS, INC



Principal Place of Business
336 S. COUNTY RD.
PALM BEACH, FL 33480

Mailing Address
336 S. COUNTY RD.
PALM BEACH, FL 33480



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0928873

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ORRICO, CASSANDRA M
336 S. COUNTY RD.
PALM BEACH, FL 33480

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

U00000602382
01/26/07-80086-022 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME ORRICO, CASSANDRA
STREET ADDRESS 336 S COUNTY RD
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE VP
NAME ORRICO, KATHLEEN
STREET ADDRESS 2128 VISTA DR
CITY-ST-ZIP JUNO, FL 33408

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/07

Date

561-659-1284

Daytime Phone #