

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000085483

1. Entity Name
PHYL-MAC ENTERPRISES OF PALM BEACH INC.



Principal Place of Business
**3276 S MILITARY TR
LAKE WORTH, FL 33463 US**

Mailing Address
**3276 S MILITARY TR
LAKE WORTH, FL 33463 US**



01162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0952035

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MACEACHERN, PHYLLIS S
3276 S MILITARY TR
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 agent or agent and the applicable

(NOTE: Registered Agent's signature is required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **MACEACHERN, PHYLLIS S**
STREET ADDRESS **3276 S MILITARY TR**
CITY ST ZIP **LAKE WORTH, FL 33463**

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04/05/04-80047-013 150.00

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phyllis S Maceachern
3/31/04 561-615-0808

DATE DAYTIME PHONE