## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED Jul 07, 2004 8:00 am Secretary of State

## DOCUMENT # P99000104615 07-07-2004 90002 040 \*\*\*158.75 SOLID FOUNDATION OF PALM BEACH, INC. Principal Place of Business Mailing Address 10475 RIVERSIDE DR 10475 RIVERSIDE DR 54060111 PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt. # etc. 07022004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0963100 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLCOX, WILLIAM M 10475 RIVERSIDE DRIVE Street Address (P.O. Box Number is Not Acceptable) SUITE #4 PALM BEACH GARDENS, FL 33410 NORTH e llace 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 Fiorida. I am familiar with, and accept the obligations of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!!" FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. П Due by September 8, 2004 Added to Fees corporation did not receive the prior notice 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Addition WILLCOX, WILLIAM M NAME NAME 10475 Riverside Druc, Soite #4 STREET ADDRESS 10475 RIVERSIDE M STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITI F ☐ Change . Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 per address, with all other ke empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Affachment

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## To receive the form by mail:

- Detach this postcard.
- Enter address to mail report to, if <u>different</u> from preprinted mailing address.
- Affix postage on reverse side and mail.
- Allow 10-14 business days to receive form.

Document # P99000104615

Mail Report to:

SOLID FOUNDATION OF PALM BEACH, INC. 10475 RIVERSIDE DR

#4

PALM BEACH GARDENS FL 33410-4208

of Palm Beach, Inc. 19475 Riverside Dr. #4 Palm Beach Gardens, FL 33410

