

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S56688

**FILED**  
**Apr 26, 2005**  
**Secretary of State**

**Entity Name:** PHOENIX PROPERTIES OF PALM BEACH COUNTY, INC.

**Current Principal Place of Business:**

3814 W EUCLID AVE  
OFFICE  
TAMPA, FL 33629 US

**New Principal Place of Business:**

**Current Mailing Address:**

9835-16 LAKEWORTH RD  
PMB 138  
LAKE WORTH, FL 33467

**New Mailing Address:**

**FEI Number:** 65-0276186      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

RINKER, DAVID SCOTT  
3814 W EUCLID AVE (OFFICE)  
TAMPA, FL 33629 US

**Name and Address of New Registered Agent:**

RINKER, DAVID S  
3814 W EUCLID AVE  
OFFICE  
TAMPA, FL 33629 US

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.

SIGNATURE: DAVID S. RINKER

04/26/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PVTS ( ) Delete  
Name: RINKER, DAVID S  
Address: 3814 W EUCLID AVE (OFFICE)  
City-St-Zip: TAMPA, FL 33629 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID S. RINKER

PVTS

04/26/2005

Electronic Signature of Signing Officer or Director

Date