2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 09, 2004 08:00 AM Secretary of State DOCUMENT # P98000102125 PALMAS PRINTING INC. Principal Place of Business Mailing Address 132 LANSING ISLAND DRIVE INDIAN HARBOR BEACH FL 32937 132 LANSING ISLAND DRIVE INDIAN HARBOR BEACH FL 32937 2. Principal Place of Business 3. Masing Address Suite, Apt. #, etc. Suite, Apt #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 52-2144551 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GUNTHER, J.R. Street Address (P.O. Box Number is Not Acceptable) 3970 DOW RD MELBOURNE FL 32934 City Z_Q Code B. 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 agont and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TIBLE D Delete THLE ☐ Change Addition GUNTHER, TERESA A NAME 1900000043630 02/10/04-80072-015 150.00 NAME 132 LANSING ISLAND DRIVE STREET ADDRESS STREET ADDRESS CITY -ST-ZIP INDIAN HARBOR BEACH FL 32937 CITY-ST-ZIP TITLE Defete 3333 F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TETLE ☐ Delete TETLE Change Addition MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete IME Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP C874-ST-789

12. I hereby certify that the information supplied with this filling 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 an address, with all other like empowered

SIGNATURE:

J. R. Guntl

J. R. Gunther

02-06-04 321 242-5700

FILED