2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008 08:00 AM
Secretary of State

DOCUMENT # N27888

1. Entity Name
3309 PALMETTO, INC.

Principal Place of Business	Mailing Address
11415 PALMETTO ALACHUA, FL 32615 US	531 TURKEY CRK ALACHUA, FL 32615 US

02192008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2904601
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HENDRICKS, JANE E
11415 PALMETTO BLVD
ALACHUA, FL 32615

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

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	LONGMORE, KRISTEN
STREET ADDRESS	11417 PALMETTO BLVD
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	VP
NAME	BRYANT, BARBARA
STREET ADDRESS	11419 PALMETTO BLVD
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	D
NAME	GREEN, MARTHA J
STREET ADDRESS	5631 SW 35 WAY
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	PT
NAME	HENDRICKS, JANE E
STREET ADDRESS	11415 PALMETTO BLVD
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000833141
02/28/08-80001-004 61.25

DO NOT WRITE 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 617, 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 Hendricks President 2-19-08 386-418-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Jane E. Hendricks