


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 241179</b> 1. Entity Name <b>PALM VIEW GOLF CORPORATION</b>	
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Principal Place of Business  
**5712 - 28TH AVENUE EAST  
PALMETTO, FL 34221**

Mailing Address  
**5712 - 28TH AVENUE EAST  
PALMETTO, FL 34221**



02252006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-0932939</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**HAMILTON, GARY  
5712 28TH AVE EAST  
PALMETTO, FL 34221**

**DO NOT WRITE  
IN THIS SPACE**

6. 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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000100455516  
03/15/06-80061-004 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	<b>T</b>
NAME	<b>HAMILTON, GARY</b>
STREET ADDRESS	<b>2815 61ST ST EAST</b>
CITY-ST-ZIP	<b>PALMETTO, FL 34221</b>

TITLE	<b>PD</b>
NAME	<b>BRIGGS, ELLA P</b>
STREET ADDRESS	<b>4300 2ND AVENUE</b>
CITY-ST-ZIP	<b>HOLMES BEACH, FL</b>

TITLE	<b>D</b>
NAME	<b>PRICE, E.H.,JR.</b>
STREET ADDRESS	<b>3009 RIVERVIEW BLVD.,W.</b>
CITY-ST-ZIP	<b>BRADENTON, FL</b>

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 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

**2/28/06**

Date

**941-722-2392**

Daytime Phone #