

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 242741
1. Entity Name
PALMETTO CENTER OF WINTER PARK INC



Principal Place of Business: **1280 PALMETTO AVE WINTER PARK FL 32789**
Mailing Address: **1560 LAKEHURST AVE. WINTER PARK FL 32789**



1st MOORE CR2E034 (10/05)

2. Principal Place of Business: **1280 Palmetto Ave**
3. Mailing Address: **1560 Lakehurst Ave**

City & State: **Winter Park FL** | City & State: **Winter Park - FL**
Zip: **32789** | Country: **Orange** | Zip: **32789** | Country: **Orange**

4. FEI Number: **59-0918983** | Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
**ALLAN, YVONNE L.
1560 LAKEHURST
WINTER PARK FL 32789**

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ | **FL** | Zip Code: _____

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE: <input type="checkbox"/> Delete	V
NAME: ALLAN, YVONNE L.	
STREET ADDRESS: 1560 LAKEHURST AVENUE	
CITY-ST-ZIP: WINTER PARK FL	
TITLE: <input type="checkbox"/> Delete	S
NAME: ALLAN, EDWIN H	
STREET ADDRESS: 1560 LAKEHURST AV	
CITY-ST-ZIP: WINTER PARK FL	
TITLE: <input type="checkbox"/> Delete	T
NAME: ALLAN, MARY E	
STREET ADDRESS: 299 TINDER PLACE	
CITY-ST-ZIP: CASSELBERRY FL	
TITLE: <input type="checkbox"/> Delete	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:	000000432837
STREET ADDRESS:	02/23/06-80085-007 163.75
CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Yvonne L. Allan* 2/6/06