

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90006 030 ***550.00

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



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



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
1280 Palmetto Ave *1560 Lakehurst Ave*

Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
Winter Park FL *Winter Park FL*

4. FEI Number Applied For
59-0918983 Not Applicable

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

1st MOORE CR2E034 (10/07)

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
Yvonne L. Allan
 Street Address (P.O. Box Number is Not Acceptable)
1560 Lakehurst Ave
 City State Zip Code
Winter Park **FL** *32789*

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

FILE NOW!!! - FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	ALLAN, YVONNE L	
STREET ADDRESS	1560 LAKEHURST AVENUE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALLAN, EDWIN H	
STREET ADDRESS	1560 LAKEHURST AV	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	T	<input type="checkbox"/> Delete
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		
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		
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*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR