

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # 312273

1. Entity Name
PALMER-HARRELL BUICK INC



Principal Place of Business
**1108 IVANHOE DR
TALLAHASSEE, FL 32312**

Mailing Address
**P.O. BOX 3125
TALLAHASSEE, FL 32315**



02022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1156565

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HARRELL, EK JR
1108 IVANHOE DR
TALLAHASSEE, FL 32312**

**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 _____

**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**

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	HARRELL, CLARA B
STREET ADDRESS	1108 IVANHOE DR
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	P
NAME	HARRELL, E K, JR
STREET ADDRESS	1108 IVANHOE DR
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	VP
NAME	HARRELL, E K III
STREET ADDRESS	1636 COPPERFIELD DR
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	S
NAME	BROCK, HAROLD A
STREET ADDRESS	1739 ARMISTEAD PLACE
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/03/06-80052-025 150.00

**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

Date

Daytime Phone #

2/17/06 850-385-2423