

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 323692

Entity Name: PALM ROW INC

FILED
May 09, 2009
Secretary of State

Current Principal Place of Business:

120 S. SEWALLS POINT RD.
STUART, FL 34996 US

New Principal Place of Business:

Current Mailing Address:

120 S SEWELLS POINT RD
STUART, FL 34996

New Mailing Address:

FEI Number: 59-1514623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, CAMERON
10 PALM ROAD
STUART, FL 34996 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAYNES, JEFF
Address: 6 PALM RD
City-St-Zip: STUART, FL 34996

Title: VP () Delete
Name: MORAN, GREG
Address: 2 PALM ROAD
City-St-Zip: STUART, FL 34996

Title: ST () Delete
Name: THOMAS, CAMERON
Address: 10 PALM ROAD
City-St-Zip: STUART, FL 34996

Title: D () Delete
Name: BRUSCHA, JIM
Address: 2 KINGSTON
City-St-Zip: STUART, FL 34996

Title: D () Delete
Name: TROILO, NICK
Address: 3 PALM RD
City-St-Zip: STUART, FL 34996

Title: D () Delete
Name: MCGRATH, MATTHEW
Address: 123 S. SEWALLS PT RD
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAMERON THOMAS

TS

05/09/2009

Electronic Signature of Signing Officer or Director

Date