

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 376618

1. Entity Name
W.M. PALMER COMPANY



Principal Place of Business
**3233 S.W. 33RD ROAD
S-201
OCALA, FL 34474 US**

Mailing Address
**P.O. BOX 367
OCALA, FL 34478-0367**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1324956

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PALMER, W. M., JR.
2241 SOUTHEAST 25TH STREET
OCALA, FL 34471**

**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)

01/05/06 00:00:00
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 PD
NAME PALMER, W. M., JR.
STREET ADDRESS 2241 SOUTHEAST 25TH STREET
CITY-ST-ZIP Ocala, FL 34471

TITLE ST
NAME GLANZER, DOROTHY
STREET ADDRESS 4220 SOUTHWEST 5TH AVE.
CITY-ST-ZIP Ocala, FL 34474

TITLE VD
NAME PALMER, MARGARET
STREET ADDRESS 709 SOUTHEAST 15TH AVENUE
CITY-ST-ZIP Ocala, FL 34471

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: _____

Dorothy Glanzer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Dorothy Glanzer

1/5/06
Date

352-237-6145
Daytime Phone #