


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 376618 1. Entity Name W.M. PALMER COMPANY	
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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
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01022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1324956	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PALMER, W. M., JR. 2241 SOUTHEAST 25TH STREET OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GLANZER, DOROTHY 4220 SOUTHWEST 5TH AVE. OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PALMER, MARGARET 709 SOUTHEAST 15TH AVENUE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/05/07-80010-012 150.00

**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:


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

1/2/07
Date

352-237-6145 / X214
Daytime Phone #