2007 FOR PROFIT-CORPORATION ANNUAL REPORT

DOCUMENT # 429731

1. Entity Name
PALMER CONSTRUCTION INC



FILED Feb 14, 2007 08:00 AM Secretary of State

Daytime Phone #

Principal Place of Business

2424 S.W. HORSESHOE TR. P.O. BOX 621 PALM CITY, FL 34990-7621 Mailing Address

2424 S.W. HORSESHOE TR. P.O. BOX 621 PALM CITY, FL 34991-0621 US



DO NOT WRITE IN THIS SPACE

01292007	No Chg-P	CR2	E034 (11/05)
4. FE! Number			Applied For
59-1494	481		Not Applicable
5. Certificate of	of Status Desired		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PALMER, LEE D BERRY AVE & HORSESHORE TR PALM CITY, FL 33490

DO NOT WRITE IN THIS SPACE

PALM CIT	Y, FL 33490		IN THIS SPACE			
8. The above the obligate SIGNATURE.	named entity submits this statement for the plans of registered agent. Legy Grature, typed or printed name of registered agent and title!	mer		registered agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with accept the state of Florida. I am familiar with accept the state of Florida. I am familiar with accept the state of Florida. I am familiar with accept the state of Florida. I am familiar with a	ρt	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PALMER, LEE D BERRY AV & HORSESHOE TR PALM CITY, FL			Finnance24952		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMER, DAVID L BERRY AV & HORSESHOE TR PALM CITY, FL			000000634852 02/22/07-80029-003 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PALMER, SHERYLE L BERRY AV & HORSESHOE TR PALM CITY, FL			DO NOT WRITE		
TITLE - NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					,	
TITLE NAME STREET ADDRESS					•	

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:	Lee	19	Valmer	Lee D Palmer	(Pres) Ila	\sqrt{k}
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					ر	Date	•