

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 429731

FILED  
Jan 21, 2009  
Secretary of State

Entity Name: PALMER CONSTRUCTION INC

## Current Principal Place of Business:

2424 S.W. HORSESHOE TR.  
P.O. BOX 621  
PALM CITY, FL 349907621

## New Principal Place of Business:

2424 S.W. HORSESHOE TR.  
2424 SW HORSHOE TR  
PALM CITY, FL 34991

## Current Mailing Address:

2424 S.W. HORSESHOE TR.  
P.O. BOX 621  
PALM CITY, FL 349910621 US

## New Mailing Address:

P.O. BOX 621  
PALM CITY, FL 349910621 US

FEI Number: 59-1494481

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

PALMER, LEE D  
BERRY AVE & HORSESHORE TR  
PALM CITY, FL 33491 US

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:

01/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PALMER, LEE D,  
Address: BERRY AV & HORSESHOE TR  
City-St-Zip: PALM CITY, FL

Title: D ( ) Delete  
Name: PALMER, DAVID L,  
Address: BERRY AV & HORSESHOE TR  
City-St-Zip: PALM CITY, FL

Title: STD ( ) Delete  
Name: PALMER, SHERYLE L,  
Address: BERRY AV & HORSESHOE TR  
City-St-Zip: PALM CITY, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: PALMER, LEE D,  
Address: BERRY AV & HORSESHOE TR  
City-St-Zip: PALM CITY, FL 34991

Title: D (X) Change ( ) Addition  
Name: PALMER, DAVID L,  
Address: BERRY AV & HORSESHOE TR  
City-St-Zip: PALM CITY, FL 34991

Title: STD (X) Change ( ) Addition  
Name: PALMER, SHERYLE L,  
Address: BERRY AV & HORSESHOE TR  
City-St-Zip: PALM CITY, FL 34991

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: LEE PALMER

PD

01/21/2009

Electronic Signature of Signing Officer or Director

Date