

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90213 026 ***150.00

DOCUMENT # 623693

1. Entity Name

PALM ENTERPRISES OF PALM HARBOR, INC.



Principal Place of Business

27001 U.S. HIGHWAY 19 NORTH, SUITE 20
CLEARWATER FL 34621

Mailing Address

27001 U.S. HIGHWAY 19 NORTH, SUITE 20
CLEARWATER FL 34621

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-2344786

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUSALLA, EDWARD F.
500 NORTH OSCEOLA, #710
CLEARWATER FL 34621

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SUSALLA, EDWARD F.	
STREET ADDRESS	500 N. OSCEOLA, #710	
CITY-ST-ZIP	CLEARWATER FL 34621	
TITLE	V	<input type="checkbox"/> Delete
NAME	SUSALLA, KENNETH P.	
STREET ADDRESS	3018 KEY HARBOR DR.	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SUSALLA, BARBARA	
STREET ADDRESS	3018 KEY HARBOR DR.	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SUSALLA, LOIS L.	
STREET ADDRESS	500 N. OSCEOLA, #710	
CITY-ST-ZIP	CLEARWATER FL 34621	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Barbara J. Susalla

Barbara J. Susalla

4-16-04

(727) 796-1246

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #