

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 623693

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: PALM ENTERPRISES OF PALM HARBOR, INC.

## Current Principal Place of Business:

27001 U.S. HIGHWAY 19 NORTH, SUITE 2013  
CLEARWATER, FL 34621

## New Principal Place of Business:

## Current Mailing Address:

27001 U.S. HIGHWAY 19 NORTH, SUITE 2013  
CLEARWATER, FL 34621

## New Mailing Address:

FEI Number: 59-2344786

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SUSALLA, EDWARD F.  
Address: 500 N. OSCEOLA, #710  
City-St-Zip: CLEARWATER, FL 34621

Title: V ( ) Delete  
Name: SUSALLA, BARBRA  
Address: 3018 KEY HARBOR DR.  
City-St-Zip: SAFETY HARBOR, FL

Title: S ( ) Delete  
Name: SUSALLA, BARBARA  
Address: 3018 KEY HARBOR DR.  
City-St-Zip: SAFETY HARBOR, FL

Title: T ( ) Delete  
Name: SUSALLA, LOIS L.  
Address: 500 N. OSCEOLA, #710  
City-St-Zip: CLEARWATER, FL 34621

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: SUSALLA, BARBRA  
Address: 3018 KEY HARBOR DR.  
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: S (X) Change ( ) Addition  
Name: SUSALLA, BARBARA  
Address: 3018 KEY HARBOR DR.  
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BARBARA SUSALLA

V/S

04/29/2009

Electronic Signature of Signing Officer or Director

Date