

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90073 006 \*\*\*158.75

**DOCUMENT # 627166**

1. Entity Name  
J. PALMER, INC.



Principal Place of Business  
3805 INVESTMENT LN.  
RIVIERA BEACH, FL 33404

Mailing Address  
3805 INVESTMENT LN.  
RIVIERA BEACH, FL 33404

40002171



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
59-1995035

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

ARBOUR, ADRIEN  
8623 SE RETREAT DRIVE  
HOBE SOUND, FL 33455

(Deceased)

Name  
Daniel Palmer

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

309 Cascade Lane

City  
Palm Beach Shores

FL

Zip Code  
33404

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]*  
Signature, typed or printed name of registered agent and title if applicable.

Daniel Palmer President

Jan. 7, 2008

(NOTE: Registered Agent signature required when re-stating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
D  
PALMER, HELEN ☐ Delete  
STREET ADDRESS  
123 LKAESHORE DRIVE UNIT #2044  
CITY-ST-ZIP  
NORTH PALM BEACH, FL 33408

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
PD  
PALMER, DANIEL ☐ Delete  
STREET ADDRESS  
309 CASCADE DR.  
CITY-ST-ZIP  
PALM BEACH SHORES, FL 33404

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel Palmer Pres. Jan. 7, 2008

Date 561-848-7114