

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90278 029 \*\*\*150.00

DOCUMENT #631803

1. Entity Name  
PALMER FURNITURE, INC.



Principal Place of Business

Mailing Address

11415 SW COURTNEY DR 13546 EAGLE PT. DR. 11415 SW COURTNEY DR 13546 EAGLE PT. DR.

LAKE SUZY, FL 34266 US LAKE SUZY, FL 34266 US

PORT CHARLOTTE, FL 33953 PORT CHARLOTTE, FL 33953

0300331M



04012004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-1928940

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

BACON, BETTY W.  
11415 SW COURTNEY DR 13546 EAGLE PT. DR.  
LAKE SUZY, FL 34266 PORT CHARLOTTE, FL 33953

**DO NOT WRITE  
IN THIS SPACE**

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME BACON, BETTY W. BACON, BETTY W.  
STREET ADDRESS 11415 S.W. COURTNEY DR 13546 EAGLE PT. DR  
CITY-ST-ZIP LAKE SUZY, FL 34266 PORT CHARLOTTE, FL 33953

TITLE VP  
NAME BACON, WILLIAM L.  
STREET ADDRESS 23495 WESTCHESTER BLVD.  
CITY-ST-ZIP PORT CHARLOTTE, FL 33980

TITLE VP  
NAME BACON, ROBERT J III  
STREET ADDRESS PO BOX 131  
CITY-ST-ZIP ENGLEWOOD, FL 34295

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #