

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 649272

1. Entity Name
PALM CHEMICAL & EQUIPMENT COMPANY



Principal Place of Business
5146D WEST CYPRESS ST.
TAMPA, FL 33607 US

Mailing Address
PO BOX 18051
TAMPA, FL 33679

FILED

07 SEP 17 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1963766

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PRESSMAN, MALCOLM N
4909 LYFORD CAY ROAD
TAMPA, FL 33629

**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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
PRESSMAN, MALCOLM N
4909 LYFORD CAY RD
TAMPA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
PRESSMAN, RHODA
4909 LYFORD CAY ROAD
TAMPA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
PRESSMAN, RONALD N
4909 LYFORD CAY RD.
TAMPA, FL 33629

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

9/9/18

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

800109696269
09/20/07--01020--003 **150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Malcolm N. Pressman* (MALCOLM N. PRESSMAN) 9/12/07 (813-281-2720)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #