2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#821753

Entity Name: PALM RIVER ESTATES INC

FILED Jan 04, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

255 COCOHATCHEE DRIVE NAPLES, FL 34110

Current Mailing Address: New Mailing Address:

255 COCOHATCHEE DRIVE NAPLES, FL 34110

FEI Number: 59-1216822 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FEJES, DEAN W.
255 COCOHATCHEE DRIVE
NAPLES, FL 34110 US

FEJES, DEAN W
255 COCOHATCHEE DRIVE
NAPLES, FL 34110 US

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: DEAN W. FEJES 01/04/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 JELENIK, J.,
 Name:
 JELINEK, JAMES I

 Address:
 1701 N MAIN STREET
 Address:
 1701 N MAIN STREET

 City-St-Zip:
 ORRVILLE, OH 44667
 City-St-Zip:
 ORRVILLE, OH 44667

Title: VPD () Delete Title: VPD (X) Change () Addition

Name: SMITH, E A, Name: SMITH, E A

 Address:
 8787 BAY COLONY DR.#101
 Address:
 8787 BAY COLONY DR.#101

 City-St-Zip:
 NAPLES, FL 34108
 City-St-Zip:
 NAPLES, FL 34108

Title: AST () Delete Title: AST (X) Change () Addition

Name: FEJES, D., Name: FEJES, DEAN W

 Address:
 255 COCOHATCHEE DRIVE
 Address:
 255 COCOHATCHEE DRIVE

 City-St-Zip:
 NAPLES, FL 34110
 City-St-Zip:
 NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DEAN W. FEJES AST 01/04/2005