

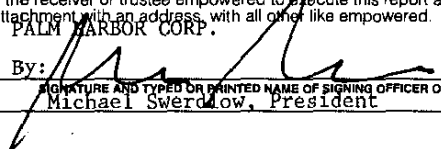


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90102 034 ***158.75

DOCUMENT # F96000005667					
1. Entity Name PALM HARBOR CORP.					
Principal Place of Business 4651 SHERIDAN ST, SUITE 200 HOLLYWOOD, FL 33021			Mailing Address 4651 SHERIDAN ST, SUITE 200 HOLLYWOOD, FL 33021		
2. Principal Place of Business 3390 Mary Street Suite, Apt. #, etc. Suite 200		3. Mailing Address 321 East Hillsboro Blvd. Suite, Apt. #, etc.			
City & State Coconut Grove, Florida		City & State Deerfield Beach, Florida		4. FEI Number 65-0706378	
Zip 33133		Country USA		Zip 33441	
Country USA		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> XXX \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STOTZER, THEODORE R ESQ 321 EAST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCPS SWERDLOW, MICHAEL J 4651 SHERIDAN STREET, SUITE 200 HOLLYWOOD, FL 33021		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete XXX Change <input type="checkbox"/> Addition 3390 Mary Street, Suite 200 Coconut Grove, Florida 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SWERDLOW, MICHAEL J 4651 SHERIDAN STREET, SUITE 200 HOLLYWOOD, FL 33021		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete XXX Change <input type="checkbox"/> Addition 3390 Mary Street, Suite 200 Coconut Grove, Florida 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST SWERDLOW, SHERIE 4651 SHERIDAN STREET, SUITE 200 HOLLYWOOD, FL 33021		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete XXX Change <input type="checkbox"/> Addition 3390 Mary Street, Suite 200 Coconut Grove, Florida 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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. PALM HARBOR CORP.					
SIGNATURE: By: 			April 15, 2004 (954) 949-3480		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Michael Swerdlow, President			Date Daytime Phone #		