2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2006 08:00 AN Secretary of State

DOCUMENT	# F96000005667
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1. Entity Name
PALM HARBOR CORP.



Principal Place of Business

3390 MARY ST.

STE, 200 COCONUT GROVE, FL 33133 Mailing Address

321 EAST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441

DO NOT WRITE IN THIS SPACE

02202006 No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0706378

March 20, 2006

Date

(954) 949-3480

Davime Phone #

Applied For Not Applicable

5. Certificate of Status Desired

XXXX

\$8.75 Additional

6. Name and Address of Current Registered Agent

STOTZER, THEODORE R ESQ 321 EAST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441

SIGNATURE: BY:

DO NOT WRITE IN THIS SPACE

the obligations of registered agent.					
SIGNATURE Signature, typed or provied name of registered agent and bite if applicable. (NOTE Registered Agent signature required when retinating) DATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCPS SWERDLOW, MICHAEL J 3390 MARY ST., STE. 200 COCONUT GROVE, FL 33133	· · · · · · · · · · · · · · · · · · ·			U00000476348
NAME STREET ADDRESS CITY-ST-ZP	T SWERDLOW, MICHAEL J 3390 MARY ST., STE. 200 COCONUT GROVE, FL 33133			· ·	04/06/06-80006-012 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST SWERDLOW, SHERIE 3390 MARY ST., STE. 200 COCONUT GROVE, FL 33133			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY+ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CHY-ST-ZIP					
ITTLE NAME 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 accurage 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 agrees, with all other liketempowered.					

OFFICER OR DIRECTOR

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