

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2008 08:00 AM
Secretary of State

DOCUMENT # F96000005667

1. Entity Name
PALM HARBOR CORP.



Principal Place of Business
**3390 MARY ST.
STE. 200
COCONUT GROVE, FL 33133**

Mailing Address
**3390 MARY STREET
SUITE 200
COCONUT GROVE, FL 33133**



04082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0706378

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$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**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000914498
05/08/08-80061-001 158.75

10. OFFICERS AND DIRECTORS

TITLE	DCPS
NAME	SWERDLOW, MICHAEL J
STREET ADDRESS	3390 MARY ST., STE. 200
CITY- ST- ZIP	COCONUT GROVE, FL 33133
TITLE	T
NAME	SWERDLOW, MICHAEL J
STREET ADDRESS	3390 MARY ST., STE. 200
CITY- ST- ZIP	COCONUT GROVE, FL 33133
TITLE	DVST
NAME	SWERDLOW, SHERIE
STREET ADDRESS	3390 MARY ST., STE. 200
CITY- ST- ZIP	COCONUT GROVE, FL 33133
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 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: **Michael Swerdlow, 4/9/08 305-476-0100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #