## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F96000005667

Entity Name: PALM HARBOR CORP

City-St-Zip:

COCONUT GROVE, FL 33133

FILED Mar 18, 2009 Secretary of State

Littly Na	IIIC. FALIVITA	ARBOR CORF.			
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
3390 MAR STE. 200 COCONU	Y ST. T GROVE, FL	33133			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
SUITE 200	Y STREET ) T GROVE, FL	33133	3390 MARY ST. STE. 200 COCONUT GROVE, FL	33133	
FEI Number	: 65-0706378	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of I	Name and Address of New Registered Agent:	
321 EAST DEERFIEL	, THEODORE HILLSBORO   LD BEACH, FL	BLVD. <sub>-</sub> 33441 US			
The above in the State	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered o	office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SWERDLOW, 3390 MARY ST		Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	SWERDLOW, 3390 MARY ST		Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address:	DVST ( SWERDLOW, 3390 MARY ST		Title: ( Name: Address:	) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

City-St-Zip:

SIGNATURE: MICHAEL SWERDLOW DCPS 03/18/2009