

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90168 030 \*\*\*150.00

**DOCUMENT # F99000005883**

1. Entity Name  
**PALMER GENERAL, INC.**



Principal Place of Business Mailing Address  
**31731 NORTHWESTERN HIGHWAY, SUITE 240 31731 NORTHWESTERN HIGHWAY, SUITE 240**  
**FARMINGTON HILLS, MI 48334 FARMINGTON HILLS, MI 48334**

**50047504**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01052005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For  
**NOT APPLICABLE** Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LUPTAK, PAOLA M**  
**4700 NW BOCA RATON BLVD**  
**4TH FLOOR**  
**BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

Name **LUPTAK, PAOLA**  
Street Address (P.O. Box Number is Not Acceptable) **2201 NW CORPORATE BLVD.**  
**SUITE 100**  
City **BOCA RATON, FL 33431** **FL** Zip Code

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **PTD**  
STREET ADDRESS **BEZNOS, MAURICE J**  
CITY-ST-ZIP **31731 NORTHWESTERN HIGHWAY SUITE 250W**  
**FARMINGTON HILLS, MI 48334**

TITLE ☐ Delete  
NAME **SD**  
STREET ADDRESS **BENZOS, NORMAN**  
CITY-ST-ZIP **31731 NORTHWESTERN HIGHWAY SUITE 250W**  
**FARMINGTON HILLS, MI 48334**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-15-05**

Date Daytime Phone #