


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # G04482 1. Entity Name PALM HOLDING CORP.	
---	---

Principal Place of Business 2441 S. STATE RD 7(441) FT. LAUDERDALE, FL 33317-6910	Mailing Address 2441 S. STATE RD 7(441) FT. LAUDERDALE, FL 33317-6910
---	---



01162007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2715112	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WEIGER, VICTOR
2441 S. STATE RD 7(441)
FT. LAUDERDALE, FL 33317**

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

000000602896
01/26/07-80110-010 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	C WEIGER, VICTOR 2441 S. STATE RD 7(441) FT. LAUDERDALE, FL 33317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WEIGER, DAVID A 2441 S. STATE RD 7 (441) FT. LAUDERDALE, FL 33317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP DEMERS, DEBORAH 2441 S. STATE RD 7(441) FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE 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 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

1/25/07

Date

9545843200

Daytime Phone