

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # G04490
 1. Entity Name
 PALM RECYCLING & MANUFACTURING, INC.



Principal Place of Business: 3175 SO. CONGRESS AVE, SUITE 301, PALM SPRINGS, FL 33461 US
 Mailing Address: % PHILLIP T. CRENSHAW, 3175 SO. CONGRESS AVE, SUITE 301, PALM SPRINGS, FL 33461 US

DO NOT WRITE IN THIS SPACE



04122004 No Chg-P CR2E034 (10/03)

4. FEI Number: 65-0340195
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
 CRENSHAW, PHILLIP T.
 3175 SO. CONGRESS AVE
 SUITE 301
 PALM SPRINGS, FL 33461

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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, 2004 Fee will be \$550.00

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

1100000113018
 04/14/04-80046-008 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS CRENSHAW, PHILLIP T. 3175 S CONGRESS AVE SUITE 301 PALM SPRINGS, FL 33461
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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: Phillip T. Crenshaw, PRC 4/12/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #