


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # G32100**  
 1. Entity Name  
 PALMER HALL FLOORS, INC.



Principal Place of Business      Mailing Address  
 % BARBARA HALL                      % BARBARA HALL  
 4565 ST. AUGUSTINE RD.            4565 ST. AUGUSTINE RD.  
 JACKSONVILLE, FL 32207        JACKSONVILLE, FL 32207



04102005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-2276722      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 HALL, BARBARA  
 4565 ST. AUGUSTINE RD.  
 JACKSONVILLE, FL 32207

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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 re-registering)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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	V
NAME	ALDERMAN, DAVID
STREET ADDRESS	4565 ST AUGUSTINE RD
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	PST
NAME	HALL, BARBARA B
STREET ADDRESS	4565 ST AUGUSTINE RD
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	V
NAME	ALDERMAN, SUSAN R
STREET ADDRESS	4565 ST AUGUSTINE RD
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000319260  
 04/16/05-80030-008 150.00

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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)(f), 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: Barbara B. Hall      4/13/05      904/448-6820  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #