

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 06, 2006 08:00 AM
Secretary of State

DOCUMENT # G62915

1. Entity Name
THE PALMER COMPANIES, INC.



Principal Place of Business
**3233 SW 33RD ROAD
STE 201
OCALA, FL 34474-459 US**

Mailing Address
**P. O. BOX 367
OCALA, FL 34478 US**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2335551

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PALMER, MARGARET
709 SOUTHEAST 15TH AVENUE
OCALA, FL 34471**

**DO NOT WRITE
IN THIS SPACE**

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

01/09/06-87023-005 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
**PD
PALMER, WHITFIELD M JR
3233 SW 33RD ROAD STE 201
OCALA, FL 34474**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
GLANZER, DOROTHY
3233 SW 33RD ROAD STE 201
OCALA, FL 34474**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
AYRES, MARGARET PALMER
1318 SE 8TH STREET
OCALA, FL 34471**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
PALMER, MARGARET
709 SOUTHEAST 15TH AVENUE
OCALA, FL 34471**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Dorothy Glanzer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Dorothy Glanzer

1/5/06
Date

352-237-6145
Daytime Phone #