


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 05, 2007 08:00 AM
Secretary of State

DOCUMENT # G62915 1. Entity Name THE PALMER COMPANIES, INC.	
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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
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01022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2335551	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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 _____
Signature, typed or printed name of registered agent and title if applicable

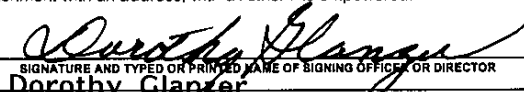
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PALMER, 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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01/05/07-80010-013 150.00

**DO NOT WRITE
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	1/2/07 352-237-6145, X214 Date Daytime Phone #
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