

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

**DOCUMENT # G86663**

**1. Entity Name**  
**PALMER REALTY ASSOCIATES, INC.**



**Principal Place of Business**

3233 SW 33RD RD  
STE 201  
OCALA, FL 34474 US

**Mailing Address**

P.O. BOX 367  
OCALA, FL 34478-0367 US



04072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
59-2384487

**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 AVE.  
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

**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**

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
D  
PALMER, WHITEFIELD M JR  
3233 SW 33RD RD STE 201  
OCALA, FL 34474

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
VP  
BARBER, JON K  
3233 SW 33RD RD STE 201  
OCALA, FL 34474

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

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

U00000106194  
U4/U8/U4-80005-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

**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:**

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

**April 7, 2004**

Date

**352-237-6145**

Daytime Phone #