

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90056 018 ***150.00

DOCUMENT # H22621

1. Entity Name
PALMETTO OPERATIONS, INC.



Principal Place of Business
**150 MAGNOLIA AVE.
DAYTONA BEACH, FL 32115-9491**

Mailing Address
**150 MAGNOLIA AVE.
PO BOX 2491
DAYTONA BEACH, FL 32115-9491**



03192008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2446875

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVE.
DAYTONA BEACH, FL 32014**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KANEY, JONATHAN D JR.
STREET ADDRESS 150 MAGNOLIA AVE.
CITY-ST-ZIP DAYTONA BEACH, FL

TITLE VD
NAME BOND, JAY D., JR.
STREET ADDRESS 150 MAGNOLIA AVE.
CITY-ST-ZIP DAYTONA BEACH, FL

TITLE VD
NAME WATTS, C. A
STREET ADDRESS 150 MAGNOLIA AVE.
CITY-ST-ZIP DAYTONA BEACH, FL

TITLE VD
NAME KANEY, J. LESTER
STREET ADDRESS 150 MAGNOLIA AVE.
CITY-ST-ZIP DAYTONA BEACH, FL

TITLE VD
NAME BELL, SAMUEL P
STREET ADDRESS 131 GADSDEN ST
CITY-ST-ZIP TALLAHASSEE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-08

Date

386-255-8171

Daytime Phone #

Jonathan D. Kaney Jr.