FILED
Feb 02, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H82239

1. Entity Name
PALMA SOLA ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2032 HILLVIEW ST. SARASOTA FL 34239 US	2032 HILLVIEW ST. SARASOTA, FL 34239 US

DO NOT WRITE IN THIS SPACE

01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2607410

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LAMBRECHT, WILLIAM G.
1550 RINGLING BOULEVARD
SARASOTA, FL

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 ______________________________ 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	D
NAME	BALLIETT, JOHN W.
STREET ADDRESS	2032 HILLVIEW ST.
CITY-ST-ZIP	SARASOTA, FL
TITLE	PS
NAME	BALLIETT, JOHN W.
STREET ADDRESS	2032 HILLVIEW ST.
CITY-ST-ZIP	SARASOTA, FL
TITLE	TVP
NAME	POPIELINSKI, JAMES
STREET ADDRESS	2032 HILLVIEW ST.
CITY-ST-ZIP	SARASOTA, FL
TITLE	AS
NAME	LAMBRECHT, WILLIAM G.
STREET ADDRESS	1550 RINGLING BLVD
CITY-ST-ZIP	SARASOTA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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: [signature] 1-23-04 941-364-9224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #