


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90055 025 ***150.00

DOCUMENT # H90871		
1. Entity Name PALM HARBOR PALMS INCORPORATED		

Principal Place of Business 2759 WOODRIDGE DR. CLEARWATER, FL 33759 US	Mailing Address P.O. BOX 8102 222 ORANGEWOOD AVE No CLEARWATER, FL 33758 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 8102	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State CLEARWATER	
Zip	Country	Zip FL	Country 33758

40021652

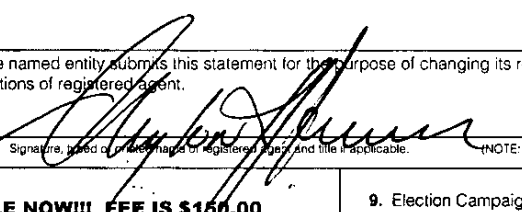


01052007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2637083	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 HARRISON, CLAYTON JAMES 2759 WOODRIDGE DR CLEARWATER, FL 33759		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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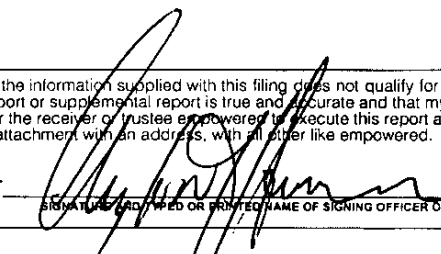
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **PRESIDENT** **2/15/07**
Signature, based on power of attorney or registered agent, and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRISON, CLAYTON JAMES 2759 WOODRING DR. CLEARWATER, FL 337591749 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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  **2/15/07** **727 443 2938**
SIGNATURE (AD-TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #