

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H91730

FILED  
Apr 22, 2004  
Secretary of State

Entity Name: PALM AUTOMOTIVE MANAGEMENT, INC.

## Current Principal Place of Business:

1901 TAMIAMI TRL  
P.O. BOX 512049  
PUNTA GORDA, FL 33950

## New Principal Place of Business:

## Current Mailing Address:

1901 TAMIAMI TRL  
P.O. BOX 512049  
PUNTA GORDA, FL 33950

## New Mailing Address:

FEI Number: 59-2614317

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HELPHENSTINE, JOANN F  
1901 TAMIAMI TRL  
PUNTA GORDA, FL 33950

## Name and Address of New Registered Agent:

HELPHENSTINE, JOANN P  
1901 TAMIAMI TRL  
PUNTA GORDA, FL 33950

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.

SIGNATURE: JOANN P. HELPHENSTINE

04/22/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DST ( ) Delete  
Name: HELPHENSTINE, JOANN, P.  
Address: 5570 RIVERSIDE DR.  
City-St-Zip: PUNTA GORDA, FL

Title: VD ( ) Delete  
Name: HELPHENSTINE, R. BRETT  
Address: 1901 TAMIAMI TRAIL  
City-St-Zip: PUNTA GORDA, FL 33950

Title: STD ( ) Delete  
Name: LLEWELLYN, H. RICHARD  
Address: 1901 TAMIAMI TRAIL  
City-St-Zip: PUNTA GORDA, FL 33950

Title: D ( ) Delete  
Name: LOMBARDO, DIANE H  
Address: 6400 RIVERSIDE DRIVE  
City-St-Zip: PUNTA GORDA, FL 33982

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HELPHENSTINE, JO ANN P  
Address: 5570 RIVERSIDE DR.  
City-St-Zip: PUNTA GORDA, FL 33982

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANN P. HELPHENSTINE

PD

04/22/2004

Electronic Signature of Signing Officer or Director

Date