

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H91730

FILED
Apr 26, 2008
Secretary of State

Entity Name: PALM AUTOMOTIVE MANAGEMENT, INC.

Current Principal Place of Business:

1901 TAMIAMI TRL
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 P
1901 TAMIAMI TRL
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HELPHENSTINE, JO ANN P
Address: 181 TROPICANA DR. # 1422
City-St-Zip: PUNTA GORDA, FL 33950

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

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 exemption stated 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 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: JO ANN P. HELPHENSTINE

PD

04/26/2008

Electronic Signature of Signing Officer or Director

_____ Date