

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J05587

FILED
Feb 26, 2006
Secretary of State

Entity Name: PALM CITY CORPORATION, INC.

Current Principal Place of Business:

% ROBERT C. HILL
2431 1ST STREET
FT MYERS, FL 33901 US

New Principal Place of Business:

Current Mailing Address:

% ROBERT C. HILL
2431 1ST STREET
FT MYERS, FL 33901 US

New Mailing Address:

FEI Number: 59-2653754

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILL, ROBERT C.
2431 1ST STREET
FT MYERS, FL 33901 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: WILSON, JAMES L.,
Address: 2610 SW 51ST ST
City-St-Zip: CAPE CORAL, FL

Title: ST () Delete
Name: WILSON, LUCILLE D.,
Address: 2610 S.W. 51ST ST.
City-St-Zip: CAPE CORAL, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WILSON, JAMES L.,
Address: 1616-102 #197 W. CAPE CORAL PKWY
City-St-Zip: CAPE CORAL, FL 33914

Title: ST (X) Change () Addition
Name: WILSON, LUCILLE D.,
Address: 1616-102 #197 W. CAPE CORAL PKWY
City-St-Zip: CAPE CORAL, FL 33914

I hereby certify that the information supplied with this filing does not qualify for the 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: LUCILLE D. WILSON

ST

02/26/2006

Electronic Signature of Signing Officer or Director

Date