From:
May 01 06 01:24p

FILED P. 1
May 03, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J07057

1. Entity Name
PALM MANOR RENTAL, INC.

Principal Place of Business	Mailing Address
1531 PLACIDA ROAD ENGLEWOOD, FL 34223	1531 PLACIDA ROAD ENGLEWOOD, FL 34223

DO NOT WRITE IN THIS SPACE

05012006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2661890
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HANEWINCKEL, DEAN
2800 PLACIDA ROAD
SUITE 110
ENGLEWOOD, FL 34224

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PIERRE, BOUTET
STREET ADDRESS	959 CHALEUR WAY
CITY-ST-ZIP	GLOULESTER ONTARIO, k1c 2r9
TITLE	V
NAME	DEZIEL, SYLVIE
STREET ADDRESS	102 RUE DES ERABLES
CITY-ST-ZIP	HULL, QU
TITLE	D
NAME	LOUIS, GREGOIRE
STREET ADDRESS	76 DES TULIPES
CITY-ST-ZIP	AYLMER QUEBEC, j9j 2e7
TITLE	D
NAME	DION, JEAN
STREET ADDRESS	22 GENEST
CITY-ST-ZIP	GATINEAU, Q j8y 5p3
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/18/06-80014-014 150.00

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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: Sylvie Deziel SYLVIE DEZIEL 5/1/06 941-474-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #