


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2004 8:00 am
Secretary of State


02-23-2004 90059 021 ***150.00

DOCUMENT # J23319 1. Entity Name PALMER PLUMBING, INC.	
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Principal Place of Business 15505 ENSTROM RD WELLINGTON, FL 33414 US	Mailing Address 15505 ENSTROM RD WELLINGTON, FL 33414 US
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DO NOT WRITE IN THIS SPACE

94018980



02122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2754060	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PALMER, JUDY
15505 ENSTROM RD
WELLINGTON, FL 33414

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

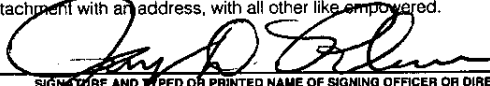
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PALMER, JAY DOUGLAS 15505 ENSTROM RD WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMER, JUDY 15505 ENSTROM RD WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEMARIQ GARETT A DEMARIQ GARETT A 14792 ENCLAVE LAKE DR. T3 DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **2/16/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #