

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90022 014 ***150.00

J24018
 PALM ELECTRONICS INC.

618 BEAL PARKWAY N.W.
 FT. WALTON BEACH, FL 32548

618 BEAL PARKWAY N.W.
 FT. WALTON BEACH, FL 32548

54002337



01232004 Chg-P CR2E034 (10/03)

59-2698001

\$8.75 Additional Fee Required

GEBERT, TERRY
 1829 POINTED LEAF LANE
 FORT WALTON BEACH, FL 32547

Name: **TERRY GEBERT**
 Street Address (P.O. Box Number is Not Acceptable):
369 CANTERBURY CIRCLE
 City: **FT. WALTON BEACH FL** Zip Code: **32548**

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: **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS **11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE		TITLE	
D	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GEBERT, TERRY	NAME	369 CANTERBURY CIRCLE
STREET ADDRESS	1829 POINTED LEAF LANE	STREET ADDRESS	FT. WALTON BEACH, FL 32548
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547	CITY-ST-ZIP	FT. WALTON BEACH, FL 32548
P	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GEBERT, TERRY	NAME	369 CANTERBURY CIRCLE
STREET ADDRESS	1829 POINTED LEAF LANE	STREET ADDRESS	FT. WALTON BEACH, FL 32548
CITY-ST-ZIP	FT. WALTON BEACH, FL 32547	CITY-ST-ZIP	FT. WALTON BEACH, FL 32548
S	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GEBERT, TONJA	NAME	369 CANTERBURY CIRCLE
STREET ADDRESS	1829 POINTED LEAF LANE	STREET ADDRESS	FT. WALTON BEACH, FL 32548
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547	CITY-ST-ZIP	FT. WALTON BEACH, FL 32548
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Terry Gebert* **1/29/04** (850) 863-1775
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #