

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90009 026 ***150.00

DOCUMENT # M41567

1. Entity Name

PALMETTO RETAILERS, INC.



Principal Place of Business

2300 EAST OCEAN BLVD.
STUART FL 34996

Mailing Address

2300 EAST OCEAN BLVD.
STUART FL 34996

54019325



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2740848

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

M. LANNING FOX
1100 S. FEDERAL HWY
STUART FL 34994

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME MAZZOCHI, JOSEPH SR.,
STREET ADDRESS 2300 E.OCEAN BLVD.
CITY-ST-ZIP STUART FL

TITLE DST ☐ Delete
NAME MAZZOCHI, RUTH MARY
STREET ADDRESS 2300 E.OCEAN BLVD.
CITY-ST-ZIP STUART FL

TITLE DVP ☐ Delete
NAME MAZZOCHI, JOSEPH JR.
STREET ADDRESS 2300 E OCEAN BLVD.
CITY-ST-ZIP STUART FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Ruth Mary Mazzochi Ruth Mary Mazzochi, 3/15/04, 770-286-6641

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #