


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 11, 2008 8:00 am**  
**Secretary of State**

08-11-2008 90123 018 \*\*\*\*70.00

<b>DOCUMENT # N02000004275</b> 1. Entity Name PRIDE OF PALATKA, INC.	
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Principal Place of Business 201 N 2ND STREET PALATKA, FL 32177	Mailing Address 212 HUSSON AVENUE PALATKA, FL 32177
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40113200



08052008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 30-0085872	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  NORTON, ALLEN 212 HUSSON AVENUE PALATKA, FL 32177
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 12, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VENABLES, KEN PO BOX 892 PALATKA, FL 32178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VENABLES, KAREN PO BOX 892 PALATKA, FL 32178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, MARY L 109 S 9TH ST PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOLTIS, CONSTANTINE 138 CEDAR CREEK RD PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENLEY, JOHN R PO BOX 374 BOSTWICK, FL 32007
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORTON, ALLEN J 212 HUSSON AVE PALATKA, FL 32177

**DO NOT WRITE  
IN THIS SPACE**

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 617, 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: Allen J. Norton 8/06/08 386-329-0100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #