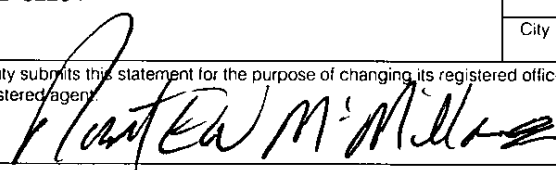
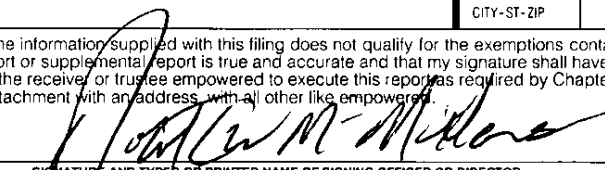


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90095 009 ****61.25

DOCUMENT # N05000008977 1. Entity Name PALM INDUSTRIAL PARK OWNER'S ASSOCIATION, INC.					
Principal Place of Business 2358 RIVERSIDE AVE. 601 JACKSONVILLE, FL 32204			Mailing Address 2358 RIVERSIDE AVE. 601 JACKSONVILLE, FL 32204		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number NOT APPLICABLE				☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JENNINGS, DOUGLAS H. 2358 RIVERSIDE AVE. 601 JACKSONVILLE, FL 32204			7. Name and Address of New Registered Agent 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) 4/30/07 DATE					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP MCMILLAN, ROBERT E.W. III ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	2 JUNGLE HUT RD.	NAME			
STREET ADDRESS	PALM COAST, FL 32137	STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	DST JENNINGS, CAROL L. ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	2358 RIVERSIDE AVE. STE. 601	NAME			
STREET ADDRESS	JACKSONVILLE, FL 32204	STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	D JENNINGS, DOUGLAS H. SR. ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	2358 RIVERSIDE AVE. STE. 601	NAME			
STREET ADDRESS	JACKSONVILLE, FL 32204	STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ 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 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:  4/30/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					