


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

FILED
Feb 20, 2008 08:00 AM
Secretary of State

DOCUMENT # N27888 1. Entity Name 3309 PALMETTO, INC.	
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Principal Place of Business 11415 PALMETTO ALACHUA, FL 32615 US	Mailing Address 531 TURKEY CRK ALACHUA, FL 32615 US
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02192008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2904601	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HENDRICKS, JANE E 11415 PALMETTO BLVD ALACHUA, FL 32615
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

2008 Filing Fee is \$61.25 Due by May 1, 2008	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	S LONGMORE, KRISTEN 11417 PALMETTO BLVD ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRYANT, BARBARA 11419 PALMETTO BLVD ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, MARTHA J 5631 SW 35 WAY GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HENDRICKS, JANE E 11415 PALMETTO BLVD ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/28/08-80001-004 61.25

**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:  **President**

Date: 2-19-08 Daytime Phone #: 386-418-1111

Jane E. Hendricks