
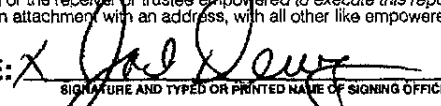


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000008530 1. Entity Name FOLSUM PALMS INC.														
Principal Place of Business 12936 25TH STREET N. LOXAHATCHEE, FL 33470		Mailing Address 6000 S. DIXIE HWY WEST PALM BEACH, FL 33405												
<div style="text-align: right;">01032005 No Chg-P CR2E034 (10/03)</div> <table border="1"><tr><td>4. FEI Number 65-0970722</td><td>Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>			4. FEI Number 65-0970722	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required									
4. FEI Number 65-0970722	Applied For Not Applicable													
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required														
6. Name and Address of Current Registered Agent DEWEY, JACK B 6000 S. DIXIE HIGHWAY WEST PALM BEACH, FL 33405														
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____														
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees												
10. OFFICERS AND DIRECTORS <table border="1"><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>P DEWEY, JACK B 6000 S. DIXIE HIGHWAY WEST PALM BEACH, FL 33405</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr></table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEWEY, JACK B 6000 S. DIXIE HIGHWAY WEST PALM BEACH, FL 33405	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEWEY, JACK B 6000 S. DIXIE HIGHWAY WEST PALM BEACH, FL 33405													
TITLE NAME STREET ADDRESS CITY-ST-ZIP														
TITLE NAME STREET ADDRESS CITY-ST-ZIP														
TITLE NAME STREET ADDRESS CITY-ST-ZIP														
TITLE NAME STREET ADDRESS CITY-ST-ZIP														
TITLE 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)(f), 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: X  01/28/05 561-588-8942 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>														

U000000254141
03/07/05-80063-021 150.00