

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000035637

FILED
Apr 22, 2004
Secretary of State

Entity Name: JOSEPH G. AND ERIN T. PALMER ART GALLERIES, INC.

Current Principal Place of Business:

386 ORANGE AVE.
MARATHON, FL 33050

New Principal Place of Business:

Current Mailing Address:

PO BOX 500118
MARATHON, FL 33050

New Mailing Address:

PO BOX 500178
MARATHON, FL 33050

FEI Number: 65-0998237

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANZ, DAVID L ESQ.
5800 OVERSEAS HIGHWAY
MARATHON, FL 33050 US

Name and Address of New Registered Agent:

WRIGHT, THOMAS D
9711 OVERSEAS HIGHWAY
MARATHON, FL 33050 US

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.

SIGNATURE: THOMAS D. WRIGHT

04/22/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PLAMER, JOSEPH G M.D.
Address: 386 ORANGE AVE.
City-St-Zip: MARATHON, FL 33050386

Title: D (X) Delete
Name: PALMER, GERTRUDE
Address: 119 AVENUE E COCO PLUM
City-St-Zip: MARATHON, FL 33050

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: PALMER, JOSEPH G M.D.
Address: P.O. BOX 500178
City-St-Zip: MARATHON, FL 33050

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH G. PALMER, MD

DP

04/22/2004

Electronic Signature of Signing Officer or Director

Date