

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000069803

1. Entity Name
PALM VALLEY MANAGEMENT, INC.



Principal Place of Business
4745 SUTTON PARK CT
301
JACKSONVILLE, FL 32224

Mailing Address
4745 SUTTON PARK CT
301
JACKSONVILLE, FL 32224

DO NOT WRITE IN THIS SPACE

FILED
Apr 26, 2006 08:00 AM
Secretary of State



04212006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3732476	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

MILLS, JAMES W
4745 SUTTON PARK CT
JACKSONVILLE, FL 32224

**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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MILLS, JAMES W
STREET ADDRESS 101 CANNON CT
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE SD
NAME MILLS, VOLANDA H
STREET ADDRESS 100 KINGFISHER DRIVE
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE
NAME
STREET ADDRESS
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 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 empowerments.

SIGNATURE:

for n. yarof, CFO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06 904-992-0556
Daytime Phone #