

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 A
Secretary of State

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



04122007 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3732476

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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, 2007 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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Mills

4/25/07

Date

904-992-0556

Daytime Phone #