

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000081907

1. Entity Name
PALMA SOLA FARMS, INC.



Principal Place of Business
**9812 9TH AVE NW
BRADENTON, FL 34209**

Mailing Address
**9812 9TH AVE NW
BRADENTON, FL 34209**



05052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0514311

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GERALDSON, GREGORY M
9812 9TH AVE NW
BRADENTON, FL 34209**

**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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GERALDSON, CARROLL M
1111 99TH STREET NW
BRADENTON, FL 34209**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GERALDSON, GREGORY M
9812 9TH AVE NW
BRADENTON, FL 34209**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GERALDSON, ERIC P
410 57TH ST WEST
BRADENTON, FL 34209**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GERALDSON, ARLENE
9812 9TH AVE NW
BRADENTON, FL 34209**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GERALDSON, TAMMY L
410 57TH STREET WEST
BRADENTON, FL 34209**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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05/24/04-80005-017 150.00

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 12, 04

Date

941-773-4965

Daytime Phone #