


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90387 047 \*\*\*150.00

<b>DOCUMENT # P02000002078</b> 1. Entity Name <b>QUEEN'S PALM, INC.</b>					
Principal Place of Business <b>2200 PORT MALABNE BLVD #1 PALM BAY, FL 32905</b>			Mailing Address <b>2200 PORT MALABNE BLVD #1 PALM BAY, FL 32905</b>		
2. Principal Place of Business <b>5275 Babcock ST N.E</b>		3. Mailing Address <b>1304 GARDENIA DR</b>			
Suite, Apt. #, etc. <b>102</b>		Suite, Apt. #, etc.			
City & State <b>Palm Bay F</b>		City & State <b>Barefoot Bay FL</b>		4. FEI Number <b>80-0022495</b>	
Zip <b>32905</b>		Country <b>BREVARD</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>32905</b>		Country <b>BREVARD</b>		6. Name and Address of Current Registered Agent <b>IWANKO, RONALD A 920 SW LAUREL BAREFOOT BAY, FL 32976</b>	
7. Name and Address of New Registered Agent Name <b>Ronald A. Iwanko</b> Street Address (P.O. Box Number is Not Acceptable) <b>1304 GARDENIA DR</b> City <b>BARE FOOT BAY</b> <b>FL</b> Zip Code <b>32976</b>		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 <b>Ronald A. Iwanko V.P.</b> DATE <b>4-27-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP IWANKO, RONALD A 1304 GARDENIA DR BAREFOOT BAY, FL 32976	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IWANKO, CHRISTINE M 1304 GARDENIA DR BAREFOOT BAY, FL 32976	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <b>Ronald A. Iwanko</b> DATE <b>4-27-04</b> DAYTIME PHONE # <b>772 663 6832</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					