2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000011609

1. Entity Name
PALMER AUTO BODY SHOP, INC.

Principal Place of Business	Mailing Address
1321 CHURCH STREET ORLANDO, FL 32805	1321 CHURCH STREET ORLANDO, FL 32805

DO NOT WRITE IN THIS SPACE

50049617

05012005   No Chg-P   CR2E034 (10/03)

4. FEI Number 02-0543577	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

NAM, FRANK
1301 BALLENTYNE PLACE
APOPKA, FL 32703

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 7, 2005**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	NAM, FRANK
STREET ADDRESS	1301 BALLENTYNE PLACE
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	VSD
NAME	NAM, HAKSUN
STREET ADDRESS	1301 BALLENTYNE PLACE
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: _Frank Nam_   Frank Nam   5/1/05   407-841-3832

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #