

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000040624**

**1. Entity Name**  
**PALM DAMAGE APPRAISERS, INC.**



**Principal Place of Business**  
**7539 CAMDEN HARBOR DR**  
**BRADENTON, FL 34212**

**Mailing Address**  
**7539 CAMDEN HARBOR DR**  
**BRADENTON, FL 34212**



01122007 No Chg-P CR2E034 (11/05)

**4. FEI Number**  
**43-1970397**

**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**

**MORGAN, MICHAEL L**  
**1819 MAIN ST STE 1100**  
**SRASOTA, FL 34236**

**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**

*Michael L Morgan*  
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

**DATE**

*1/12/07*

**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**

<b>TITLE</b>	<b>P</b>
<b>NAME</b>	<b>KELLY, KEVIN J</b>
<b>STREET ADDRESS</b>	<b>7539 CAMDEN HARBOR DR.</b>
<b>CITY-ST-ZIP</b>	<b>BRADENTON, FL 34212</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
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<b>CITY-ST-ZIP</b>	

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01/17/07-80014-004 150.00

**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:**

*Kevin J Kelly*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DATE**

**Daytime Phone #**

*1/12/07 941 7492555*