

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000085672

Entity Name: 1STPALM FINANCIAL, INC.

FILED  
Apr 24, 2007  
Secretary of State

## Current Principal Place of Business:

6675 CORPORATE CENTER PARKWAY  
SUITE 340  
JACKSONVILLE, FL 32216

## New Principal Place of Business:

## Current Mailing Address:

6675 CORPORATE CENTER PARKWAY  
SUITE 340  
JACKSONVILLE, FL 32216

## New Mailing Address:

FEI Number: 59-3620999

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MACKEY, ANN R  
Address: 6675 CORPORATE CENTER PARKWAY, SUITE 340  
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: D ( ) Delete  
Name: DIAZ, MIGUEL J  
Address: P. O., BOX 13461  
City-St-Zip: GAINESVILLE, FL 32604 US

Title: D ( ) Delete  
Name: FELTENSTEIN, MARY B  
Address: 11109 HILLSDALE DRIVE  
City-St-Zip: KENSINGTON, MD 20895 US

Title: D ( ) Delete  
Name: YATES, JOHN R  
Address: 86 VICTORIA ROAD  
City-St-Zip: HALE, CHESHIRE, UK WA159AB UK

Title: D ( ) Delete  
Name: WHITE, EDWARD W JR  
Address: 13851 LONGS LANDING RD. E.  
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: PRES ( ) Delete  
Name: MACKEY, ANN R MS.  
Address: 3650 HEDRICK STREET  
City-St-Zip: JACKSONVILLE, FL 32205 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN R. MACKEY

PRES

04/24/2007

Electronic Signature of Signing Officer or Director

Date