

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000086307

1. Entity Name  
MELISSA PALMER, P.A.



Principal Place of Business  
274 NW 117TH WAY  
CORAL SPRINGS, FL 33071

Mailing Address  
274 NW 117TH WAY  
CORAL SPRINGS, FL 33071



02012004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
56-2289274

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

5. Name and Address of Current Registered Agent

PALMER, MELISSA  
274 NW 117TH WAY  
CORAL SPRINGS, FL 33071

**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 registration)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

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  
P  
PALMER, MELISSA  
274 N.W. 117TH WAY  
CORAL SPRINGS, FL 33071

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
PALMER, MELISSA  
274 NW 117TH WAY  
CORAL SPRINGS, FL 33071

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
PALMER, MELISSA  
274 NW 117TH WAY  
CORAL SPRINGS, FL 33071

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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03/03/04-80048-002 150.00

**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)(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: Melissa Palmer Melissa Palmer 220-04 954-340-2194

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #