

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000023715**

1. Entity Name  
**PALMS MOTOR GALLERY, INC.**



Principal Place of Business  
**540 N. SR 434  
14  
ALTAMONTE SPRINGS, FL 32714**

Mailing Address  
**PO BOX 180141  
CASSELBERRY, FL 32718**



09012006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>38-3672108</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**DIEU, FORENDS EDWARD  
5815 15TH AVE. EAST UNIT 7A  
BRADENTON, FL 34203**

**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 reconstituting)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE <b>P</b>	<b>ABNER, FREDERIC</b>
NAME <b>PO BOX 180141</b>	
STREET ADDRESS <b>CASSELBERRY, FL 32718</b>	
CITY-ST-ZIP	

TITLE <b>VP</b>	<b>DIEU, FORENDS EDWARD</b>
NAME <b>4715 4TH AVENUE EAST</b>	
STREET ADDRESS <b>PALMETTO, FL 34221</b>	
CITY-ST-ZIP	

TITLE <b>M</b>	<b>FREDERIC, MIREILLE C</b>
NAME <b>P.O BOX: 180141</b>	
STREET ADDRESS <b>CASSELBERRY, FL 32718</b>	
CITY-ST-ZIP	

TITLE <b>M</b>	<b>DIEU, DONA N</b>
NAME <b>4715 4TH AVENUE EAST</b>	
STREET ADDRESS <b>PALMETTO, FL 34221</b>	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/14/06-80002-012 558.75

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #