


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90042 017 \*\*\*150.00

<b>DOCUMENT # P03000056498</b> 1. Entity Name <b>THE PALMS AT MAITLAND, INC.</b>					
Principal Place of Business <b>1302 W. MAITLAND BOULEVARD MAITLAND, FL 32751</b>			Mailing Address <b>1302 W. MAITLAND BOULEVARD MAITLAND, FL 32751</b>		
2. Principal Place of Business <b>1301 W Maitland Blvd</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address  <small>Suite, Apt. #, etc.</small>			
City & State <b>Maitland, FL</b> <small>Zip</small> <b>32751</b> <small>Country</small>		City & State  <small>Zip</small> <small>Country</small>		4. FEI Number <b>20-0035878</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BOYLES, WILLIAM A 301 E. PINE STREET #1400 ORLANDO, FL 32801</b>			7. Name and Address of New Registered Agent <small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <small>City</small> <b>FL</b> <small>Zip Code</small>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>STRAWN, STEVE</b> <b>1302 W. MAITLAND BOULEVARD MAITLAND, FL 32751</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>910 Spring Park street, #303 Celebration, FL 34747</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT <b>SHERER, CHUCK</b> <b>1302 W. MAITLAND BOULEVARD MAITLAND, FL 32751</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1301 W Maitland Blvd Maitland, FL 32751</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>AYERS, JACQUELYN</b> <b>1302 W. MAITLAND BOULEVARD MAITLAND, FL 32751</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P.O. Box 11037 Murfreesboro, TN 37129</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Charles R. Sherer</u> <b>Charles R. Sherer</b> 3/21/05 (407) 645-3990 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					