


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 09, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000067247**  
 1. Entity Name  
**FIVE GREEN PALMS, INC.**



Principal Place of Business      Mailing Address  
**14968 SE FAWN LANE**      **14968 SE FAWN LANE**  
**BLOUNTSTOWN, FL 32424 US**      **BLOUNTSTOWN, FL 32424 US**

**DO NOT WRITE IN THIS SPACE**



03072006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**20-0146748**      Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**SCHOLZ, S. RUSSELL**  
**14968 SE FAWN LANE**  
**BLOUNTSTOWN, FL 32424**

**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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating)      DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCHOLZ, ANITA DIANE
STREET ADDRESS	2105 CONSTITUTION AVENUE
CITY-ST-ZIP	PORT ST. JOE, FL 32456
TITLE	SEC
NAME	SCHOLZ, S. RUSSELL
STREET ADDRESS	2105 CONSTITUTION AVENUE
CITY-ST-ZIP	PORT ST. JOE, FL 32456
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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 03/20/06-80031-002 150.00

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: *S. Russell Scholz*    **S. RUSSELL SCHOLZ**    Date: **March 7, 2006**    Daytime Phone #: **(850) 229-5501**