


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000068715		
1. Entity Name PALMER, MUSICK & ASSOCIATES, INC.		

FILED

05 FEB 14 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1739 KATHRYN DRIVE TALLAHASSEE, FL 32308 US	Mailing Address 1739 KATHRYN DRIVE TALLAHASSEE, FL 32308 US
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2. Principal Place of Business 317 Canal St. Suite, Apt. #, etc.	3. Mailing Address HC3 Box 98710 Suite, Apt. #, etc.
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02142005 Chg-P CR2E034 (10/03)

City & State Mexico Bch, FL	City & State Mexico Beach, FL
Zip 32456	Zip 32456
Country Haly	Country Bay

4. FEI Number 11-3695050	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MUSICK, RYLAND B 1739 KATHRYN DRIVE TALLAHASSEE, FL 32308	7. Name and Address of New Registered Agent Name: Barbara J. Palmer Street Address (P.O. Box Number is Not Acceptable): HC3 Box 98710 / 710 Hwy 98 City: Mexico Beach, FL Zip Code: 32456
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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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PALMER, BARBARA J 1739 KATHRYN DRIVE TALLAHASSEE, FL 32308 <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	S/T MUSICK, RYLAND B 1739 KATHRYN DRIVE TALLAHASSEE, FL 32308 <input checked="" 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
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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/05 850-933-9681
Date Daytime Phone #