

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000076047**

1. Entity Name  
**PALM HOMEBUILDERS, INC.**



Principal Place of Business  
**5430 FLORIDA PALM AVENUE  
COCOA, FL 32927**

Mailing Address  
**5430 FLORIDA PALM AVENUE  
COCOA, FL 32927**



01132005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>05-0577488</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**BRANDON, FLOYD D  
5430 FLORIDA PALM AVENUE  
COCOA, FL 32927**

**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 rehashing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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  
**PRES  
BRANDON, FLOYD D  
5430 FLORIDA PALM AVENUE  
COCOA, FL 32927**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SECT  
BRANDON, FLOYD D  
5430 FLORIDA PALM AVENUE  
COCOA, FL 32927**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TREA  
BRANDON, FLOYD D  
5430 FLORIDA PALM AVENUE  
COCOA, FL 32927**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
BRANDON, RICHARD A  
5460 FLORIDA PALM AVE  
COCOA, FL 32927**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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01/24/05-80060-007 150.00

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** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Floyd D. Brandon*

**1-13-05**

**321  
720 5074**