

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000083940

1. Entity Name  
DOUGLAS PALMER, P.A.



Principal Place of Business  
200 VILLAGE GREEN AVE.  
JACKSONVILLE, FL 32259

Mailing Address  
200 VILLAGE GREEN AVE.  
JACKSONVILLE, FL 32259

**FILED  
Feb 13, 2006 8:00 am  
Secretary of State**

02-13-2006 90004 007 \*\*\*150.00

**60014370**



01202006 No Chg-P CR2E034 (11/05)

4. FEI Number 54-2119601	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

SMITH HULSEY & BUSEY  
225 WATER ST., SUITE 1800  
JACKSONVILLE, FL 32202

**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 reinstating) DATE

**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	PRES
NAME	PALMER, DOUGLAS W OWNER
STREET ADDRESS	200 VILLAGE GREEN DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32259

**DO NOT WRITE  
IN THIS SPACE**

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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: *Douglas W Palmer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-2006 9042879240

Date

Daytime Phone #