

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

04-25-2005 90281 007 ***150.00

DOCUMENT # P04000021527 1. Entity Name EXECUTIVE CENTER AT PALMER RANCH, INC.			
Principal Place of Business 330 SOUTH PINEAPPLE AVENUE, SUITE 201 SARASOTA, FL 34236		Mailing Address 330 SOUTH PINEAPPLE AVENUE, SUITE 201 SARASOTA, FL 34236	
2. Principal Place of Business 8586 Potter Park Dr. Suite, Apt. #, etc.		3. Mailing Address 8586 Potter Park Dr. Suite, Apt. #, etc.	
City & State Sarasota FL Zip 34238		City & State Sarasota FL Zip 34238	
Country USA		Country USA	
4. FEI Number 20-0677462		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEERY, MICHAEL W. 330 SOUTH PINEAPPLE AVENUE, SUITE 201 SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name Seery, Michael W. Street Address (P.O. Box Number is Not Acceptable) 8586 Potter Park Dr. City Sarasota	
Zip Code FL 34238		DATE 4-21-05	
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 <u>Michael W. Seery</u> (NOTE: Registered Agent signature required when reappointing) _____			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PST Michael Seery 11701 Creekside Place Sarasota, FL 34240	<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
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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 filers empowered.			
SIGNATURE <u>Michael Seery</u> _____		DATE 4-21-05 Daytime Phone #	

66018454



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