

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000027783

1. Entity Name
PALMER'S HOME IMPROVEMENT, INC.



**FILED
May 02, 2007 8:00 am
Secretary of State**

05-02-2007 90117 012 ***150.00

Principal Place of Business 514 UNDERWOOD AVENUE BROOKSVILLE, FL 34601	Mailing Address P.O. BOX 2 BROOKSVILLE, FL 34605 ↓ see change
---	---

2. Principal Place of Business - No P.O. Box # 7018 Croaker Drive	3. Mailing Address 7018 Croaker Drive
---	---

Suite, Apt. #, etc.

City & State Hernando Beach, FL	City & State Hernando Beach, FL
---	---

Zip ~~34607~~ Country ~~Hernando~~ Zip ~~34607~~ Country ~~Hernando~~

6. Name and Address of Current Registered Agent PALMER, BRIAN S 514 UNDERWOOD AVE BROOKSVILLE, FL 34601 ↓ see change	7. Name and Address of New Registered Agent Name <i>Palmer, Brian S.</i> Street Address (P.O. Box Number is Not Acceptable) <i>7018 Croaker Drive</i> City <i>Hernando Beach</i> FL <i>34607</i>
---	--

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, 2007 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	
<p><input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>PST PALMER, BRIAN S P.O. BOX 2 BROOKSVILLE, FL 34606</p> <p>↓ see change</p>		<p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><i>PST</i> <i>Palmer, Brian S.</i> <i>7018 Croaker Drive</i> <i>Hernando Beach, FL 34607</i></p>	
<p><input checked="" type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>V PALMER, DEBRA A P.O. BOX 2 BROOKSVILLE, FL 34605</p>		<p><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><i>V</i> <i>Sherroll A. Jessen</i> <i>7018 Croaker Drive</i> <i>Hernando Beach, FL 34607</i></p>	
<p><input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		<p><input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	
<p><input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		<p><input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	
<p><input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		<p><input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	
<p><input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		<p><input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	

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: *Brian Palmer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/07 352-585-3014

Date

Daytime Phone #