


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000027783 1. Entity Name PALMER'S HOME IMPROVEMENT, INC.	
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Principal Place of Business 4018 CROAKER DRIVE HERNANDO BEACH, FL 34607	Mailing Address 4018 CROAKER DRIVE HERNANDO BEACH, FL 34607
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DO NOT WRITE IN THIS SPACE



04132008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0692219	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PALMER, BRIAN S
4018 CROAKER DRIVE
HERNANDO BEACH, FL 34607

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000923317 05/15/08-80024-023 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST PALMER, BRIAN S 4018 CROAKER DRIVE HERNANDO BEACH, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JESSEN, SHERROLL A 4018 CROAKER DRIVE HERNANDO BEACH, FL 34608
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 S. Palmer **Brian S. Palmer** 4/13/08 (352) 585-3014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #