
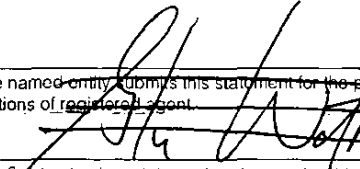
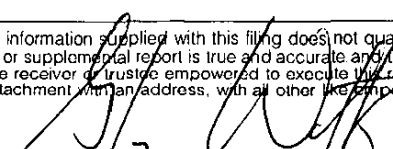


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90021 022 ***150.00

DOCUMENT # P04000055493					
1. Entity Name PALM STATE, INC.					
Principal Place of Business 1019 79TH STREET ST. PETERSBURG FL 33743			Mailing Address 1019 79TH STREET ST. PETERSBURG FL 33743 P.O. BOX 41744 ST PETERSBURG FL 33743		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. BOX 41744			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State ST PETERSBURG FL		4. FEI Number 20-1011991	
Zip		Country		Applied For Not Applicable	
Zip 33743		Country PINELLAS		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SMITH, THOMAS R 15910 EAST RIVER WAY TAMPA FL 33624			Name		
8. The above named entity submits this statement for the obligations of registered agent.			Not Acceptable)		
SIGNATURE 			FL Zip Code		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			I am familiar with, and accept		
10. OFFICERS AND DIRECTORS			DATE JAN 27 2007		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			Election Campaign Financing \$5.00 May Be Added to Fees		
PD WATKINS, GLEN 1019 79TH STREET ST. PETERSBURG FL 33743			Trust Fund Contribution. <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			ANGES TO OFFICERS AND DIRECTORS IN 11		
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"/> Change <input type="checkbox"/> Addition		
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"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 to this report, with all other like empowered.					
SIGNATURE: 			Date JAN 27 2007 813 9282314		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

**PLEASE CHANGE MAILING ADDRESS TO
P.O. BOX 41744
ST PETERSBURG FL
33743**