

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000144743

FILED
Apr 29, 2005
Secretary of State

Entity Name: PALMER HANDRAIL INSTALLATION, INC.

Current Principal Place of Business:

PO BOX 310
CORINTH, MS 38835

New Principal Place of Business:

Current Mailing Address:

PO BOX 310
CORINTH, MS 38835

New Mailing Address:

FEI Number: 77-0650637

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INC
660 E JEFFERSON STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PALMER, BRENT
Address: PO BOX 310
City-St-Zip: CORINTH, MS 38835

Title: V () Delete
Name: PALMER, KNOX
Address: PO BOX 310
City-St-Zip: CORINTH, MS 38835

Title: S () Delete
Name: CURRY, GREG
Address: PO BOX 310
City-St-Zip: CORINTH, MS 38835

Title: T () Delete
Name: PALMER, BRENDA
Address: PO BOX 310
City-St-Zip: CORINTH, MS 38835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRENDA PALMER

T

04/29/2005

Electronic Signature of Signing Officer or Director

Date