
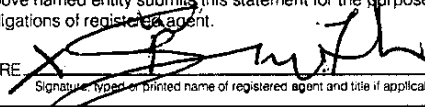
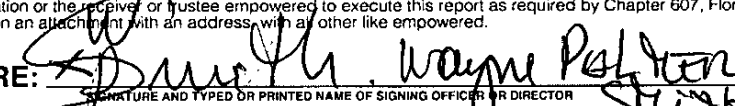


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 26, 2005 8:00 am**  
**Secretary of State**

07-26-2005 90026 005 \*\*\*150.00

<b>DOCUMENT # P04000155444</b> 1. Entity Name <b>PALMER IMPORT &amp; EXPORT CORPORATION</b>					
Principal Place of Business <b>3317 KELSEY LANE SAIN CLOUD, FL 34772</b>			Mailing Address <b>3317 KELSEY LANE SAIN CLOUD, FL 34772</b>		
2. Principal Place of Business <b>2233 GRAND TREE CT</b>		3. Mailing Address <b>2233 GRAND TREE CT</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>LAKE MARY FLORIDA</b>		City & State <b>LAKE MARY FLORIDA</b>		4. FEI Number <b>20-1883596</b>	
Zip <b>32746</b>		Country <b>SEMINOLE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SMITH, WAYNE P 3317 KELSEY LANE SAIN CLOUD, FL 34772</b>		7. Name and Address of New Registered Agent Name <b>WAYNE PALMER SMITH</b> Street Address (P.O. Box Number is Not Acceptable) <b>2233 GRAND TREE CT</b> City <b>LAKE MARY</b> <b>FL</b> Zip Code <b>32746</b>			
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:					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SMITH, WAYNE P 3317 KELSEY LANE SAIN CLOUD, FL 34772	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P.S. WAYNE PALMER SMITH 2233 GRAND TREE CT LAKE MARY FLORIDA 32746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CONTRERAS, MARIA 3317 KELSEY LANE SAIN CLOUD, FL 34772	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MARIA CONTRERAS 2233 GRAND TREE CT LAKE MARY FLORIDA 32746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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 an other like empowered.					
SIGNATURE: 			DATE: <b>7/7/05</b> DAYTIME PHONE: <b>407-322-5989</b>		