


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90036 022 \*\*\*150.00

**DOCUMENT # P06000002051**

1. Entity Name  
 PALM RIVER OF TAMPA, INC.



Principal Place of Business: 601 BAYSHORE BLVD., STE. 700 TAMPA, FL 33606

Mailing Address: 601 BAYSHORE BLVD., STE. 700 TAMPA, FL 33606

2. Principal Place of Business - No P.O. Box #  
 201 N. Franklin St.

3. Mailing Address  
 201 N. Franklin St.

Suite, Apt. #, etc.  
 Ste. 3200

Suite, Apt. #, etc.  
 Ste. 3200

City & State  
 TAMPA FL

City & State  
 TAMPA FL

Zip Country  
 33602 USA

Zip Country  
 33602 USA



02222007 Chg-P CR2E034 (12/06)

4. FEI Number: 20-4063628

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BEHRENFELD, CRAIG E.  
 601 BAYSHORE BLVD., STE. 700  
 TAMPA, FL 33606

7. Name and Address of New Registered Agent

Name: \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_

City: \_\_\_\_\_ State: **FL** Zip Code: \_\_\_\_\_

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: \_\_\_\_\_ DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent, and fee if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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*Handwritten in Block 11:* DPST Steve Samaha 201 N. Franklin St, Ste. 3200 Tampa FL 33602

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 empowerments.

SIGNATURE: *Steve Samaha* DATE: 4-4-07 DAYTIME PHONE #: 813 228 8090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR