

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000064317

1. Entity Name
PALONE CORP



Principal Place of Business
**12255 NW 33 STREET
SUNRISE, FL 33323**

Mailing Address
**12255 NW 33 STREET
SUNRISE, FL 33323**



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4844018	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

**PALUMBO, GARY SR.
12255 NW 33 STREET
SUNRISE, FL 33323**

**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 _____
Signature, typed or printed name of registered agent and title if applicable (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. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	PALUMBO, GARY SR
STREET ADDRESS	12255 NW 33 STREET
CITY - ST - ZIP	SUNRISE, FL 33323
TITLE	VP
NAME	MALONE, JAMES P
STREET ADDRESS	12255 NW 33 STREET
CITY - ST - ZIP	SUNRISE, FL 33323
TITLE	TRES
NAME	PALUMBO, LYNN
STREET ADDRESS	12255 NW 33 STREET
CITY - ST - ZIP	SUNRISE, FL 33323
TITLE	SEC
NAME	PALUMBO-MALONE, GINA M
STREET ADDRESS	12255 NW 33 STREET
CITY - ST - ZIP	SUNRISE, FL 33323
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GARY PALUMBO, SR

1/8/08