


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90190 049 ***150.00

DOCUMENT # P07000050240 1. Entity Name PALMETTO RIDGE PROPERTIES INC.					
Principal Place of Business 2215 MIMOSA LANE DELAND, FL 32724 US			Mailing Address 2215 MIMOSA LANE DELAND, FL 32724 US		
2. Principal Place of Business - No P.O. Box # 878 WESTCHESTER DA. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 878 WESTCHESTER DA. <small>Suite, Apt. #, etc.</small>			
City & State DELAND FL		City & State DELAND FL		4. FEI Number 20-8979002	
Zip 32724		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, JOHN W 2215 MIMOSA LANE DELAND, FL 32724			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 878 WESTCHESTER DA. City DELAND FL Zip Code 32724		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D MILLER, JOHN W 2215 MIMOSA LANE DELAND, FL 32724		TITLE NAME STREET ADDRESS CITY-ST-ZIP	878 WESTCHESTER DA.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 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: <u>John W. Miller</u> JOHN W. MILLER <u>4/30/08</u> <u>386-943-8279</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					