


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000023768	
1. Entity Name PALM TREE GOLF CORP., INC.	

Principal Place of Business 2101 S CONGRESS AVE DELRAY BEACH, FL 33445	Mailing Address 2101 S CONGRESS AVE DELRAY BEACH, FL 33445
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**DO NOT WRITE IN THIS SPACE**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JAN 15 AM 9:02



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0408761	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  ELMORE, GEORGE T 2101 S CONGRESS AVE DELRAY BEACH, FL 33445
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**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 \_\_\_\_\_ (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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FAGAN, GREGORY J 4152 WEST BLUE HERON BLVD. RIVIERA BEACH, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELMORE, GEORGE T 2101 S CONGRESS AVE DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCHAEFER, CONRAD W 4152 WEST BLUE HERON BLVD. RIVIERA BEACH, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/23/08--01006--009 \*\*588.75

**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: 	12-31-07	5612780456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #