
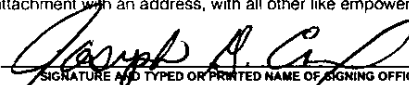


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2008 8:00 am**  
**Secretary of State**

03-26-2008 90026 044 \*\*\*150.00

<b>DOCUMENT # P93000062503</b> 1. Entity Name <b>PALMS OF MANASOTA, INC.</b>					
Principal Place of Business <b>104 51ST ST CIR PALMETTO, FL 34221</b>			Mailing Address <b>P.O. BOX 460 PALMETTO, FL 34221</b>		
2. Principal Place of Business - No P.O. Box # <b>204 51st St. Cir E</b>			3. Mailing Address Suite, Apt. #, etc.		
City & State <b>PALMETTO, FL</b>			City & State		
Zip <b>34221</b>		Country <b>USA</b>		4. FEI Number <b>65-0484340</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>LYNAH, MARY H 110 49TH CT E PALMETTO, FL 34221</b>			7. Name and Address of New Registered Agent Name <b>Joseph G. Cox</b> Street Address (P.O. Box Number is Not Acceptable) <b>109 49th Court E</b> City <b>PALMETTO</b> <b>FL</b> Zip Code <b>34221</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LYNAH, MARY H 110 49TH CT. E PALMETTO, FL 34221	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOSEPH G. COX 109 49th Ct. E PALMETTO, FL 34221	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CONNER, JERRY 215 49TH CIR. E PALMETTO, FL 34221	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Edward F. KOBEE 240 51st St. Cir. E Palmetto FL 34221	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEBENHAM, BETTY 260 51ST ST. CIR E PALMETTO, FL 34221	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RONNE A. ROGIN 135 49th Ct. E PALMETTO, FL 34221	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATRICIA K. LANDRY 216 51st St. Cir. E PALMETTO FL 34221	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLORIA BRUNO 115 49th Ct. E PALMETTO, FL 34221	<input type="checkbox"/> Change <input checked="" 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>JOSEPH G. COX</b>			3-20-08 941-721-5858 <small>Date Daytime Phone #</small>		

50001757



02252008 Chg-P CR2E034 (12/06)