



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000065215		
1. Entity Name W.H. PALMER ENTERPRISES, INC.		
Principal Place of Business 1519 DEMPSEY MAYO RD TALLAHASSEE, FL 32308	Mailing Address 4351 MAYLOR RD TALLAHASSEE, FL 32308 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ADKINS, GWENDLOYN P 1319 THOMASWOOD DR TALLAHASSEE, FL 32312		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PALMER, SHARON MCEWAN 1519 DEMPSEY MAYO RD TALLAHASSEE, FL 32308	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMER, JUANITA A C/O 1519 DEMPSEY MAYO RD TALLAHASSEE, FL 32308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMER, WALDO H JR 4364 MAYLOR RD TALLAHASSEE, FL 32308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOULD, ELIZABETH P 4351 MAYLOR ROAD TALLAHASSEE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ADKINS, GWENDOLYN P 4352 MAYLOR ROAD TALLAHASSEE, FL 32308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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>		Date: 3/9/07 Daytime Phone #: 850 9336697



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3206963	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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03/22/07-80007-020 150.00