

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 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**



04102008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3206963**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

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	P
NAME	PALMER, SHARON MCEWAN
STREET ADDRESS	1519 DEMPSEY MAYO RD
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	PALMER, JUANITA A
STREET ADDRESS	C/O 1519 DEMPSEY MAYO RD
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	PALMER, WALDO H JR
STREET ADDRESS	4364 MAYLOR RD
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	T
NAME	GOULD, ELIZABETH P
STREET ADDRESS	4351 MAYLOR ROAD
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	S
NAME	ADKINS, GWENDOLYN P
STREET ADDRESS	4352 MAYLOR ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000296897  
04/25/08-90026-018 150.00

**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

**4/10/08**

Date

**850 878 8674**

Daytime Phone #