2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# P93000065215

Entity Name: W.H. PALMER ENTERPRISES, INC.

Current Principal Place of Business:

1519 DEMPSEY MAYO RD
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

4351 MAYLOR RD
TALLAHASSEE, FL 32308 US

New Mailing Address:

FEI Number: 59-3206963 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADKINS, GWENDLOYN P
1319 THOMASWOOD DR
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	PALMER, SHARON MCEWAN	
Address:	1519 DEMPSEY MAYO RD	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	D	( ) Delete
Name:	PALMER, JUANITA A	
Address:	C/O 1519 DEMPSEY MAYO RD	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	D	( ) Delete
Name:	PALMER, WALDO H JR	
Address:	4364 MAYLOR RD	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	T	( ) Delete
Name:	GOULD, ELIZABETH P	
Address:	4351 MAYLOR ROAD	
City-St-Zip:	TALLAHASSEE, FL	
Title:	S	( ) Delete
Name:	ADKINS, GWENDOLYN P	
Address:	4352 MAYLOR ROAD	
City-St-Zip:	TALLAHASSEE, FL 32308	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	GOULD, ELIZABETH P	
Address:	4351 MAYLOR ROAD	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH PALMER GOULD TREA 01/12/2009

Electronic Signature of Signing Officer or Director Date