


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000009429	
1. Entity Name THE PALLET EXCHANGE INC.	

Principal Place of Business 335 W. MICHIGAN AVENUE DELAND, FL 32720 US	Mailing Address 335 W. MICHIGAN AVENUE DELAND, FL 32720 US
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DO NOT WRITE IN THIS SPACE

Filed
4/30/07

COPY
FILED
07 OCT 23 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04202007 REINSTATEMENT 07/05

4. FEI Number 59-3293881	Applied For <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MILLS, JAYNE C 1219 DORIS STREET ORANGE CITY, FL 32763	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>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PVS MILLS, REGINALD 1219 DORIS ST ORANGE CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MILLS, JAYNE 1219 DORIS ST ORANGE CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

05-14-07 90075 035 \$150.00

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: <u>Jayne C. Mills</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
Date <u>4/30/07</u> Daytime Phone # <u>386-734-0133</u>

The Pallet Exchange, Inc.
335 W Michigan Avenue
DeLand, FL 32720

copy

July 18, 2007

Florida Department of State
P O Box 6327
Tallahassee, FL 32314

Reference Number: P95000009429

Please be advised I am enclosing a copy of a letter received by your office stating our annual report/uniform business report and check was received by your office. Our check #19008 has been cashed. However, the form was not signed.

I returned the report with my signature on May 31, 2007. I called last week and was told by Debra to write a letter asking for any reinstatement fees to be waived. That is the purpose of this letter.

Please respond so I may know this matter has been resolved.

I have enclosed the correspondence received from your office.

Thank you for your help.

Sincerely,

Jayne C. Mills

10/15/07

Copy of signed form attached.

Thank you,
Jayne C. Mills
381-734-0133