


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000053849			
1. Entity Name PALM MANAGEMENT SERVICES, INC.			
Principal Place of Business 1041 INLET DR. EAST MARCO ISLAND, FL 34145 US <i>CHANGE</i>		Mailing Address P.O. BOX 1010 MARCO ISLAND, FL 34146	
2. Principal Place of Business 304 SW 15th ST Suite, Apt. #, etc.		3. Mailing Address Amy Parry Suite, Apt. #, etc. 830 968	
City & State OCALA FL 34474		City & State OCALA FL	
Zip 34474		Country USA	
Zip 34483		Country USA	
6. Name and Address of Current Registered Agent D'AMATO, AMY C. 1041 INLET DR. EAST MARCO ISLAND, FL 34145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 304 SW 15th ST City OCALA FL Zip Code 34474	
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: <i>Amy Parry</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00		REINSTATEMENT	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PARRY D'AMATO, AMY C <i>MARRIED</i> 1041 E. INLET DR. MARCO ISLAND, FL 34145	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PARRY, Amy 830 968 OCALA, FL 34483 Address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400061911554 12/05/05--01052--012 **750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Amy Parry</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 12/01/05 Daytime phone #: 352 620 9119	

FILED
05 DEC -5 AM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11102005 REIN-P CR2E098 (6/04)

4. FEI Number
59-3327703

Applied For
 Not Applicable

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