

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000053849

**FILED**  
**Jul 23, 2008**  
**Secretary of State**

**Entity Name:** PALM MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

304 SW 15TH STREET  
OCALA, FL 34474 US

**New Principal Place of Business:**

304 SW 15TH STREET  
OCALA, FL 34471 US

**Current Mailing Address:**

ATTEN:AMY PARRY  
304 SW 15TH ST  
OCALA, FL 34474

**New Mailing Address:**

ATTEN:AMY PARRY  
304 SW 15TH ST  
OCALA, FL 34471

FEI Number: 59-3327703

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

D'AMATO, AMY C  
304 SW 15TH STREET  
OCALA, FL 34474 US

**Name and Address of New Registered Agent:**

PARRRY, AMY C  
304 SW 15TH STREET  
OCALA, FL 34471 US

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: AMY C. PARRY

07/23/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:  ( ) Delete  
Name: PARRY, AMY C  
Address: 830968  
City-St-Zip: Ocala, FL 34483 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:  (X) Change ( ) Addition  
Name: PARRY, AMY C  
Address: 830968  
City-St-Zip: Ocala, FL 34471 US

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: AMY C PARRY

07/23/2008

Electronic Signature of Signing Officer or Director

Date