

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90022 017 ***150.00

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1. Entity Name

PALATKA ARMY NAVY, INC.



Principal Place of Business

3721 REID ST
PALATKA FL 32177
US

Mailing Address

3721 REID ST
PALATKA FL 32177
US

54014034



MOORE

CR2E034 (11/03)

2. Principal Place of Business

901 N. Hwy 19
Suite, Apt. #, etc.

3. Mailing Address

901 N. Hwy 19
Suite, Apt. #, etc.

City & State

PALATKA, FL

City & State

PALATKA, FL

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

32177

Country

US

Zip

32177

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHROEDER, WARREN C
20006 QUAIL RD.
ALTOONA FL 32702

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME SCHROEDER, WARREN
STREET ADDRESS 3721 REID ST.
CITY-ST-ZIP PALATKA FL 32177

TITLE VP ☐ Delete
NAME CASON, RONALD
STREET ADDRESS 901 N HWY 19
CITY-ST-ZIP PALATKA FL 32177

TITLE ST ☐ Delete
NAME CASON, JANE
STREET ADDRESS 901 N HWY 19
CITY-ST-ZIP PALATKA FL 32177

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME 901 N. Hwy 19
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME CASON, RAYMOND
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Mary Jane Cason

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/04

Date

386-328-8127

Daytime Phone #