

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000025987

1. Entity Name
PALATKA ARMY NAVY, INC.



Principal Place of Business
901 N HWY 19
PALATKA, FL 32177 US

Mailing Address
901 N HWY 19
PALATKA, FL 32177 US

on file
FILED
Aug 04, 2005 08:00 AM
Secretary of State



08012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

**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

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SCHROEDER, WARREN
901 N HWY 19
PALATKA, FL 32177

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000375527
08/04/05-80001-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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, Sec.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-01-05 386-328-8127
Date Daytime Phone #

MARY JANE CASON

Original never received. third request 8/01/05