## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 27, 2004 08:00 AM Secretary of State DOCUMENT # P96000095356 PALETTE PRODUCTIONS, INC. Principal Place of Business Mailing Address 2635 SKY VIEW DRIVE 2635 SKY VIEW DRIVE LAKELAND, FL 33801 LAKELAND, FL 33801 02112004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3427405 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WHITWORTH, PEGGIE B DO NOT WRITE 328 MORNINGSIDE DRIVE LAKELAND, FL 33803 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D TITLE NAME WHITWORTH, PEGGIE B STREET ADDRESS 328 MORNINGSIDE DRIVE CITY-ST-ZIP LAKELAND, FL 33803 000000068486 TITLE 02/27/04-80043-011 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE MAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 corporatiop 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 attaching not with an address, with all other like empowered.

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

**FILED**