


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 14, 2005 08:00 AM
Secretary of State**

DOCUMENT # P97000002282 1. Entity Name PALMYRA SYSTEMS, INC.		
Principal Place of Business 4801 SECRET HARBOR DRIVE JACKSONVILLE, FL 32257 US		Mailing Address 4801 SECRET HARBOR DRIVE JACKSONVILLE, FL 32257 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KENNER, PERRY 4801 SECRET HARBOR DRIVE JACKSONVILLE, FL 32257		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 _____ <small>Signature, typed or printed name of registered agent and fee applicable. (NOTE: Registered Agent signature required when removing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D KENNER, PERRY 4801 SECRET HARBOR DRIVE JACKSONVILLE, FL 32257	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Perry J. Kenner</u> Perry J. Kenner, Director 01/13/05 904/262-1885 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01052005 No Chg-P CR2E034 (10/03)

4. FCI Number 59-3422351	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/14/05-80050-020 150.00

**DO NOT WRITE
IN THIS SPACE**