

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000063560

Entity Name: PALERMO MANAGEMENT, INC.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

11360 FORTUNE CIRCLE
SUITE E-6A
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

11924 FOREST HILL BLVD.
SUITE 22-221
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 65-0773898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A & G MANAGEMENT
11924 FOREST HILL BLVD STE 22-221
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PALERMO, GEORGE J
Address: 11924 FOREST HILL BLVD # 22-221
City-St-Zip: WELLINGTON, FL 33414

Title: DVP () Delete
Name: PALERMO, ROMALIE R
Address: 11924 FOREST HILL BLVD, # 22-221
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: RODERUS, DINA M
Address: 8730 N. HIMES AVE. #1116
City-St-Zip: TAMPA, FL 33614

Title: DTS () Delete
Name: PHILLIPS, CATHERINE R
Address: 11924 FOREST HILL BLVD, #22-221
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: MCGREGOR, JACK
Address: 11924 FOREST HILL BLVD #22 PMB 221
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CATHERINE PHILLIPS

DTS

04/28/2009

Electronic Signature of Signing Officer or Director

Date