

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000098921



1. Entity Name  
PALMER REAL ESTATE COMPANY

Principal Place of Business  
374 SOUTH ATLANTIC AVE.  
STE A  
ORMOND BEACH, FL 32176 US

Mailing Address  
374 SOUTH ATLANTIC AVE.  
STE A  
ORMOND BEACH, FL 32176 US

**DO NOT WRITE IN THIS SPACE**



05022006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3576089

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

PALMER, JOSEPH STEVEN  
9 SANDPOINT CIR.  
ORMOND BEACH, FL 32174

**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

*Joseph S. Palmer*  
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renouncing)

U00000562974  
05/19/06-80078-820 \$150.00  
DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PS  
PALMER, JOSEPH S MR.  
9 SAND POINT CIRCLE  
ORMOND BEACH, FL 32174

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*Joseph S. Palmer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-06

Date

386-672-0001

Daytime Phone #