

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90049 040 \*\*\*150.00

0444371

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # P98000001360**

1. Corporation Name  
**PALM DEVELOPMENT, INC.**



Principal Place of Business <b>1104 S.W. 48TH TERRACE UNIT 203 CAPE CORAL FL 33915-1247</b>	Mailing Address <b>1104 S.W. 48TH TERRACE UNIT 203 CAPE CORAL FL 33915-1247</b>
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/07/1998</b>	
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b> <b>1004 S.W. 48TH TERR</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b> <b>V-201</b>
City & State <b>23</b>	City & State <b>28</b> <b>CAPE CORAL FL</b>
Zip <b>24</b>	Country <b>29</b> <b>33914</b> <b>30</b> <b>USA</b>

9. Name and Address of Current Registered Agent <b>CREEFY, JANE Y ESQ 2375 TAMiami TRAIL NORTH SUITE 310 NAPLES FL 34103-4439</b>
--

10. Name and Address of New Registered Agent <b>81</b> Name <b>ROGER L. SCHUTT</b> <b>82</b> Street Address (P.O. Box Number is Not Applicable) <b>1004 S.W. 48TH TERRACE</b> <b>83</b> <b>UNIT 201</b> <b>84</b> City <b>CAPE CORAL</b> <b>FL</b> <b>85</b> Zip Code <b>33914</b>
---

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0504, Florida Statutes.

SIGNATURE *Roger L. Schutt* **ROGER L. SCHUTT VTD 1/15/99**  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, BOB	1.2 NAME	
STREET ADDRESS	840 WEATLAND CENTER ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SCOTTSVILLE NY 14546	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUTT, ROGER	2.2 NAME	
STREET ADDRESS	840 WEATLAND CENTER ROAD	2.3 STREET ADDRESS	<b>1004 S.W. 48TH TERRACE</b>
CITY-ST-ZIP	SCOTTSVILLE NY 14546	2.4 CITY-ST-ZIP	<b>CAPE CORAL, FLORIDA 33914</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Roger L. Schutt* **ROGER L. SCHUTT, VTD 1/15/99 941540 9950**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)