2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 28, 2006 8:00 am
Secretary of State
05-10-2006 90103 040 ***150.00

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DOCUMENT # P98000002442

1. Entity Name

PALMER MEDICAL SUPPLIES, INC.

Principal Place of Business	Mailing Address
1346 W. 15TH STREET PANAMA CITY FL 32401	1346 W. 15TH STREET PANAMA CITY FL 32401

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
1346 W. 15th St	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Panama City, Fl	City & State
Zip: 32401 Country: USA	Zip Country

4. FEI Number: 59-3489813 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LAPEER, RUSSELL W
445 N.E. 8TH AVENUE
OCALA FL 34470

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P owner / Pres. WILSON, SANDY 1346 W. 15TH ST PANAMA CITY FL 32401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	owner / manager TAMARA A. Lillard 1346 W. 15th St Panama City, Fl 32401	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Tamara A. Lillard 4/26/06 850-784-0070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #