

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 24, 2005 08:00 AM
Secretary of State**

DOCUMENT # P98000021822

1. Entity Name
ARCTIC PALM COMPANY



Principal Place of Business
**14207 SR 70 EAST
BRADENTON, FL 34211 US**

Mailing Address
**14207 SR 70 E
BRADENTON, FL 34211 US**



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0819614

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**TAYLOR, JUDY R
14207 SR 70 E
BRADENTON, FL 34211**

**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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME TAYLOR, JUDY R
STREET ADDRESS 14207 SR 70 E
CITY-ST-ZIP BRADENTON, FL 34211

TITLE VP
NAME YOUNG, JEFFREY
STREET ADDRESS 14207 SR 70 E
CITY-ST-ZIP BRADENTON, FL 34211

TITLE S
NAME DAWBORNE, EDNA
STREET ADDRESS 14207 SR 70 E
CITY-ST-ZIP BRADENTON, FL 34211

TITLE T
NAME TAYLOR, GARY
STREET ADDRESS 14207 SR 70 E
CITY-ST-ZIP BRADENTON, FL 34211

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY G. TAYLOR TREASURER

1/17/05
Date

941:727-9696
Daytime Phone #