


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2007 08:00 A**  
**Secretary of State**


**DOCUMENT # P98000057650**

1. Entity Name  
**PALMETTO SHAPING, INC.**



Principal Place of Business <b>2902 ISABELLA BLVD          SUITE 50          JACKSONVILLE BEACH, FL 32250</b>	Mailing Address <b>P O BOX 328          PONTE VEDRA BECH, FL 32004</b>
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**DO NOT WRITE IN THIS SPACE**



03272007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3518965</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**WEED, ROBERT C JR  
 2902 ISABELLA BLVD  
 SUITE 50  
 JACKSONVILLE BEACH, FL 32250**

**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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEED, ROBERT C JR 2902 ISABELLA BLVD SUITE 50 JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MATTHEWS, MICHAEL A 2902 ISABELLA BLVD SUITE 50 JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MADDOX, DENNIS A 2902 ISABELLA BLVD SUITE 50 JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE IN THIS SPACE**

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 04/11/07-80037-017 150.00

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:** Robert C Weed **3.29.07** **904.249.3005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #