



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # P98000058423		
1. Entity Name PALM VALLEY SUPPLIES, INC.		
Principal Place of Business 120 CUMBERLAND PK DR STE 403 ST AUGUSTINE, FL 32095	Mailing Address 120 CUMBERLAND PK DR STE 403 ST AUGUSTINE, FL 32095	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SMITH, PHILIP D 113 SEYCHELLES CT ST AUGUSTINE, FL 32080		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD SMITH, PHILIP D 113 SEYCHELLES CT ST AUGUSTINE, FL 32080	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		4-29-07 904-237-1044 Date Daytime Phone #



04282007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3520587	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

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05/23/07-80004-002 150.00