

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90099 001 ***158.75

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DOCUMENT # P98000104498 1. Entity Name MARK PALMER ELECTRIC SERVICE, INC.					
Principal Place of Business 5232 US HWY. 27 NORTH SEBRING, FL 33870 US			Mailing Address 5232 US HWY. 27 NORTH SEBRING, FL 33870 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3546148	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PALMER, MARK C 885 LAKE LOTELA DRIVE AVON PARK, FL 33825				7. Name and Address of New Registered Agent Name <u>Palmer, Patty P.</u> Street Address (P.O. Box Number is Not Acceptable) <u>885 LAKE LOTELA DR.</u> City <u>Avon Park</u> FL <u>33825</u>	
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 <u>Patty P. Palmer</u> <u>OWNER/PRESIDENT</u> <u>1-11-07</u> <small>Signature typed & printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when registering.) DATE</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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PALMER, MARK C 885 LAKE LOTELA DRIVE AVON PARK, FL 33825	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Palmer, Patty P. 885 LAKE LOTELA DR. AVON PARK FL. 33825
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD PALMER, PATTY P 885 LAKE LOTELA DRIVE AVON PARK, FL 33825	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD Palmer, Robert C. 885 LAKE LOTELA DR. AVON PARK FL. 33825
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u>Patty P. Palmer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>1-11-07 (863402-0000)</u> <small>Date Daytime Phone #</small>		