

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT.**

FILED

**Jan 17, 2007 08:00 AM
Secretary of State**

DOCUMENT # P99000011512

1. Entity Name
THE PALMER RANCH & CATTLE COMPANY



Principal Place of Business
**20999 COUNTY RD 832
LABELLE, FL 33935**

Mailing Address
**312 SE 17TH ST., STE. 300
FT. LAUDERDALE, FL 33316**



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0893302

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PALMER, CHARLES L
312 SE 17TH ST., STE. 300
FT. LAUDERDALE, FL 33316**

**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 true if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

**000000588723
01/17/07-80084-008 150.00**

10. OFFICERS AND DIRECTORS

TITLE
DPST
NAME
PALMER, CHARLES L
STREET ADDRESS
312 SE 17TH ST., STE 300
CITY-ST-ZIP
FORT LAUDERDALE, FL 33316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-07

Date

954-463-0681

Daytime Phone #