
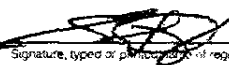
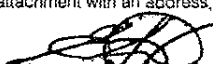


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000017019		
1. Entity Name PALMER AND PALMER REAL ESTATE CORPORATION		
Principal Place of Business 6299 W SUNRISE BLVD STE 210 SUNRISE, FL 33313	Mailing Address 6299 W SUNRISE BLVD STE 210 SUNRISE, FL 33313	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PALMER, EMANUEL S 3330 SPANISH MOSS TERR. APT. 401 LAUDERHILL, FL 33319		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 re-electing) Signature, typed or printed name of registered agent and title if applicable		
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVD PALMER, EMANUEL S 3330 SPANISH MOSS TERR APT 401 LAUDERHILL, FL 33319	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PALMER, JACQUELINE 3330 SPANISH MOSS TERRACE APT 401 LAUDERHILL, FL 33319	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PALMER, DEIDRE A 3330 SPANISH MOSS TERRACE APT 401 LAUDERHILL, FL 33319	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 7-05-07 Daytime Phone #



07052007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0924237	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

U00000767796
07/10/07-00020-001 158.75