


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90054 016 ***150.00

DOCUMENT # P99000066157 1. Entity Name ROBERT PALMER CONSTRUCTION INC.					
Principal Place of Business 2106 NE 3RD TERR. CAPE CORAL, FL 33909			Mailing Address 2106 NE 3RD TERR. CAPE CORAL, FL 33909		
2. Principal Place of Business 17741 Durrance Rd. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 17741 Durrance Rd. <small>Suite, Apt. #, etc.</small>			
City & State N. Ft. Myers, FL		City & State N. Ft. Myers FL		4. FEI Number 65-0937008	
Zip 33917		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PALMER, ROBERT C 2106 NE 3RD TERR. CAPE CORAL, FL 33909				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 17741 Durrance Rd. City N. Ft. Myers FL Zip Code 33917	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	D PALMER, ROBERT C 2106 NE 3RD TERR. CAPE CORAL, FL 33909	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17741 Durrance Rd. N. Ft. Myers, FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMER, JOYCE A 2106 NE 3RD TERR. CAPE CORAL, FL 33909	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17741 Durrance Rd. N. Ft. Myers, FL 33917
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Joyce A. Palmer</u> <u>Joyce A. PALMER</u> <u>VP</u> <u>1/15/04</u> <u>239-995-6893</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #</small>					