2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

ANNOAL REFORT				CC.
DOCÚMENT # P99000067213 1. Entity Name				Secretary of Sta
PALM HA	ARBOR BUSINESS CENTER	, INC.		
	e of Business ASKA AVENUE DR, FL 34683	Mailing Address 1108 NEBRASKA AVENUE PALM HARBOR, FL 34683		
DO NOT WRITE IN THIS SPA			CE	04302007 No Chg-P CR2E034 (11/05) 4. FEI Number 59-3597019 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent	1	1 ou resquitos
TAUBER, LINDA M 613 MAYO STRRET N CRYSTAL BEACH, FL 34681				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 (NOTE flag stered Agent signature required what refinitely support of the if applicable (NOTE flag stered Agent signature required what refinitely support in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE				
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				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI PD TAUBER, LINDA 613 N. MAYO ST CRYSTAL BEACH, FL 34681	RECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS				

12. Thereby 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 repetiver or trusted empowered to execute this report as required by Chapter 607, 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 repetiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this 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 repetiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this report is true.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR ARINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-772-19

05/22/07-80076-006 150.00

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