

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90039 024 ***150.00

DOCUMENT # P99000073072

1. Entity Name

PALMER'S CABINET DESIGNS, INC.



Principal Place of Business

**4333 SILVER STAR RD.
ORLANDO FL 32808**

Mailing Address

**2321 BUCKINGHAM RUN CT
ORLANDO FL 32828**

2. Principal Place of Business

1610 Kingspointe Pkwy

3. Mailing Address

1610 Kingspointe Pkwy



1st MOORE CR2E034 (10/04)

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3592346

Applied For

Not Applicable

Zip

32819

Country

Zip

32819

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PALMER, RYAN R
2321 BUCKINGHAM RUN CT
ORLANDO FL 32828**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 *x Ryan R Palmer President Ryan Palmer*

2-4-05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **PALMER, RYAN R**
STREET ADDRESS **2321 BUCKINGHAM RUN CT**
CITY-ST-ZIP **ORLANDO FL 32828**

TITLE **S** ☐ Delete
NAME **PALMER, ALICIA A**
STREET ADDRESS **2321 BUCKINGHAM RUN CT**
CITY-ST-ZIP **ORLANDO FL 32828**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 *x Ryan Palmer Ryan Palmer*

2-4-05

407-264-9550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #