

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90057 018 ***150.00

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1. Entity Name

PALM CONSTRUCTION COMPANY OF WEST FLORIDA



Principal Place of Business

1167 CHAT HOLLEY ROAD
SANTA ROSA BEACH FL 32459
US

Mailing Address

P O BOX 1972
SANTA ROSA BEACH FL 32459

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3594264

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, CHARLES W
268 PHIL HARRIS DRIVE
DEFUNIAK SPRINGS FL 32433

Name **WILLIAMS, CHARLES W. II**

Street Address (P.O. Box Number is Not Acceptable)
1167 CHAT HOLLEY RD.

City **SANTA ROSA BEACH**

FL

Zip Code **32459**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☒ Delete
NAME WILLIAMS, CHARLES W II
STREET ADDRESS 268 PHIL HARRIS DRIVE
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

TITLE PT ☒ Change ☐ Addition
NAME WILLIAMS, CHARLES W II
STREET ADDRESS 1167 CHAT HOLLEY RD.
CITY-ST-ZIP Santa Rosa Beach, FL 32459

TITLE VPS ☒ Delete
NAME CHAMLEE, STEPHEN R.
STREET ADDRESS 85 TRADEWINDS DRIVE
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE VPS ☒ Change ☐ Addition
NAME Chamlee, Stephen R.
STREET ADDRESS 325 Botany Blvd.
CITY-ST-ZIP Santa Rosa Beach, FL 32459

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #