
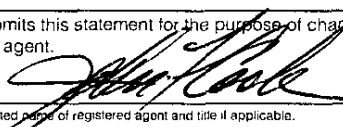
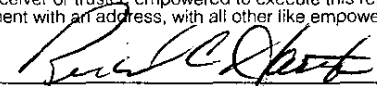


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90039 028 \*\*\*150.00

<b>DOCUMENT # S15969</b> 1. Entity Name <b>PALMER MANAGEMENT, INC.</b>					
Principal Place of Business <b>8588 POTTER PARK DRIVE, STE. 500 SARASOTA FL 34238 US</b>			Mailing Address <b>8588 POTTER PARK DRIVE, STE. 500 SARASOTA FL 34238 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-0237721</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>BRYN, MARK J ONE BISCAYNE TOWER STE 2680 MIAMI FL 33131</b>	
7. Name and Address of New Registered Agent Name <b>JOHN F. COOK, ESQUIRE</b> Street Address (P.O. Box Number is Not Acceptable) <b>2033 WOOD STREET, STE. 220</b> City <b>SARASOTA</b> <b>FL</b> <b>34237</b>				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  <b>JOHN F. COOK, ESQUIRE</b> <b>3-10-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULVERHOUSE, HUGH F		NAME	CULVERHOUSE, HUGH F.	
STREET ADDRESS	12 SOUTH BISCAYNE BLVD., STE. 3599		STREET ADDRESS	2601 S. BAYSHORE DR., STE. PH1-C	
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP	MIAMI, FLORIDA 33133	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERNANDEZ, JOSE		NAME		
STREET ADDRESS	8588 POTTER PARK DRIVE, STE. 500		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34238		CITY-ST-ZIP		
TITLE	PS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARTH, RICHARD		NAME		
STREET ADDRESS	6142 CLARK CENTER AVE.		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34238		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			RICHARD BARTH, PRESIDENT <b>3/12/04</b> <b>941-922-0759</b> <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

54020973



MOORE CR2E034 (11/03)