2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State
03-22-2004 90039 028 ***150.00

54020973

MOORE CR2E034 (11/03)

DOCUMENT # S15969

1. Entity Name

PALMER MANAGEMENT, INC.

Principal Place of Business	Mailing Address
8588 POTTER PARK DRIVE, STE. 500 SARASOTA FL 34238 US	8588 POTTER PARK DRIVE, STE. 500 SARASOTA FL 34238 US

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 65-0237721 — 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
BRYN, MARK J ONE BISCAYNE TOWER STE 2680 MIAMI FL 33131	Name: JOHN F. COOK, ESQUIRE Street Address (P.O. Box Number is Not Acceptable): 2033 WOOD STREET, STE. 220 City: SARASOTA FL Zip Code: 34237

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 _____ JOHN F. COOK, ESQUIRE 3-10-04

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	D ☐ Delete	TITLE	D ☒ Change ☐ 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 ☒ Delete	TITLE	☐ Change ☐ 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 ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BARTH, RICHARD	NAME	
STREET ADDRESS	6142 CLARK CENTER AVE.	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34238	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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 3/12/04 941-922-0759

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #