

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90287 010 ***150.00



DOCUMENT # S42956
1. Entity Name
PALMETTO PARK ASSOCIATES, INC.

Principal Place of Business
21301 POWERLINE RD
SUITE 312
BOCA RATON, FL 33433

Mailing Address
% SATHIN MANAGEMENT & DEVELOPMENT EP
P O BOX 11229
KNOXVILLE, TN 37939



02252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3072339 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WALTERS, CLIFFORD L
802 11 ST WEST
TAMPA, FL 33604

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVIN, RICHARD 21301 POWERLINE ROAD SUITE #312 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD RICE, SUZANNE L 1733 FLETCHER AVE TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LEVIN, STEVEN 21301 POWERLINE RD STE 312 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEVIN, JILL 5410 HOMBERG DR STE A KNOXVILLE, TN 37919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Jill Levin Date 2/28/05 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jill Levin, Treasurer