


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 08:00 AM**

**Secretary of State**

*Send w/ CK*

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



Principal Place of Business: **925 SOUTH FEDERAL HWY SUITE 425 BOCA RATON, FL 33432**  
Mailing Address: **%SOUTHERN MGMT & DEVELOPMENT LP P O BOX 11229 KNOXVILLE, TN 37939**

**DO NOT WRITE IN THIS SPACE**



02062007 No Chg-P CR2E034 (11/05)

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)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

11000006462274  
03/06/07-80025-012 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVIN, RICHARD 340 SOUTH PALM AVE APT 45 SARASOTA, FL 34236
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 925 SOUTH FEDERAL HWY SUITE 425 BOCA RATON, FL 33432
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 exemptions contained in Chapter 119, 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* **Jill Levin, Treasurer** 2/19/07 (865) 584-4175  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #