

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # S46788

1. Entity Name
PALM CITY BROKERS, INC.



FILED
08 AUG -7 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
16361 N CLEVELAND AVE
N FT MYERS, FL 33903 US

Mailing Address
16361 N CLEVELAND AVE
N FORT MYERS, FL 33903 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08042008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0255015

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

BATY, NANCY G.
16361 N. CLEVELAND AVE.
N FORT MYERS, FL 33903

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Amended AR is \$61.25

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
NAME BATY, CLEO L.
STREET ADDRESS 16361 N. CLEVELAND AVE
CITY-ST-ZIP N FT. MYERS, FL

TITLE ☐ Change ☒ Addition
NAME PRESIDENT
STREET ADDRESS NANCY G BATY
CITY-ST-ZIP 9804 LAKE FAIRWAYS BLVD
N FT MYERS, FL 33903

TITLE D ☐ Delete
NAME BATY, NANCY G.
STREET ADDRESS 16361 N. CLEVELAND AVE
CITY-ST-ZIP N FT. MYERS, FL

TITLE ☐ Change ☒ Addition
NAME VICE PRESIDENT
STREET ADDRESS CLEO L BATY
CITY-ST-ZIP 9804 LAKE FAIRWAYS BLVD
N FT. MYERS FL 33903

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME SECRETARY
STREET ADDRESS NANCY G BATY
CITY-ST-ZIP 9804 LAKE FAIRWAYS BLVD
N FT MYERS FL 33903

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME TREASURER
STREET ADDRESS CLEO L. BATY
CITY-ST-ZIP 9804 LAKE FAIRWAYS BLVD
N FT. MYERS FL 33903

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000134355240
08/12/08--01006--011 **70.00

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 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:

Cleo L Baty

Cleo L. BATY

8-4-08 239-9958100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

KS