


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90165 012 \*\*\*150.00

<b>DOCUMENT # V13432</b> 1. Entity Name <b>PALMER INDUSTRIAL CORPORATION</b>	
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Principal Place of Business <b>1501 S.E. DECKER AVENUE UNIT 409 STUART, FL 34994 US</b>	Mailing Address <b>1501 DECKER AVE UNIT 409 STUART, FL 34994 US</b>
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01052006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0311570</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

<b>PALMER, NEIL ALAN 1501 DECKER AVE. UNIT 409 STUART, FL 34994</b>
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**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 \_\_\_\_\_

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, 2006 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	<b>D PALMER, NEIL ALAN 1501 DECKER AVE UNIT 409 STUART, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PALMER, RITA MARIE - DIRECTOR 1501 DECKER AVE. UNIT 409 STUART, FL 34994</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-06-06**

Date

**772-223-5890**

Daytime Phone #