

FILED
Jun 04, 2004 8:00 am
Secretary of State

5/24/

05-24-2004 90003 050 ***558.75

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # V25599 1. Entity Name PALM STATE CONTRACTING, INC.	
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Principal Place of Business 3260 NEFF LAKE RD BROOKSVILLE, FL 34602 US	Mailing Address 3260 NEFF LAKE RD BROOKSVILLE, FL 34602 US
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66426447



03072003 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3115666	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HASELMAYER, THOMAS 3260 NEFF LAKE RD BROOKSVILLE, FL 34602

**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 re-registering) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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	P SHAWN, KIPP 11155 CR 883D WEBSTER, FL 33597
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HASELMAYER, TOM 3260 NEFF LAKE RD BROOKSVILLE, FL 34602
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 exemption stated in Section 119.07(3)(f), 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: Thomas Haselmayer 4-3-04 352-797-5545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #