


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # V25599 1. Entity Name PALM STATE CONTRACTING, INC.	
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Principal Place of Business 9400 E. BRIAR COURT INVERNESS, FL 34453 US	Mailing Address 9400 E. BRIAR COURT INVERNESS, FL 34453 US
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DO NOT WRITE IN THIS SPACE



04102008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3115666	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**HASELMAYER, THOMAS
9400 E BRIAR ST
INVERNESS, FL 34453**

**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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHAWN, KIPP 11155 CR 683D WEBSTER, FL 33597
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HASELMAYER, TOM 9400E BRIAR ST INVERNESS, FL 34453
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**DO NOT WRITE
IN THIS SPACE**

1000000894856
04/24/08-80045-010 150.00

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: Thomas Haselmayer **4-10-08 352-726-2358**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #