


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 429731
 1. Entity Name
PALMER CONSTRUCTION INC



Principal Place of Business _____ Mailing Address _____
 2424 S.W. HORSESHOE TR. 2424 S.W. HORSESHOE TR.
 P.O. BOX 621 P.O. BOX 621
 PALM CITY, FL 34990-7621 PALM CITY, FL 34991-0621 US

DO NOT WRITE IN THIS SPACE



01282005 No Chg-P CR2E034 (10/03)

4. FEI Number **59-1494481** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 PALMER, LEE D
 BERRY AVE & HORSESHORE TR
 PALM CITY, FL 33490

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) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PALMER, LEE D
STREET ADDRESS	BERRY AV & HORSESHOE TR
CITY-ST-ZIP	PALM CITY, FL
TITLE	D
NAME	PALMER, DAVID L
STREET ADDRESS	BERRY AV & HORSESHOE TR
CITY-ST-ZIP	PALM CITY, FL
TITLE	STD
NAME	PALMER, SHERYLE L
STREET ADDRESS	BERRY AV & HORSESHOE TR
CITY-ST-ZIP	PALM CITY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

1100000227812
 02/14/05-80014-003 150.00

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: Lee D Palmer 2/10/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #