


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008 08:00 AM
Secretary of State

DOCUMENT # 429731

1. Entity Name
PALMER CONSTRUCTION INC



Principal Place of Business 2424 S.W. HORSESHOE TR. P.O. BOX 621 PALM CITY, FL 34990-7621	Mailing Address 2424 S.W. HORSESHOE TR. P.O. BOX 621 PALM CITY, FL 34991-0621 US
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01302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1494481	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PALMER, LEE D
 BERRY AVE & HORSESHOE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000925400
 02/21/08-80008-013 150.00

10. OFFICERS AND DIRECTORS

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

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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: Lee D Palmer Pres 2/8/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #