


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2007 8:00 am
Secretary of State

05-29-2007 90045 010 ***150.00

DOCUMENT # P04000121180 1. Entity Name A1A PALM TRIMMERS, INC.					
Principal Place of Business 2491 KARL DRIVE PORT ORANGE, FL 32128			Mailing Address 2491 KARL DRIVE PORT ORANGE, FL 32128		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DRIGGERS, TRACEY C 2491 KARL DRIVE PORT ORANGE, FL 32128				Name SHANE MICHAEL DRIGGERS Street Address (P.O. Box Number is Not Acceptable) 2491 KARL DR PORT ORANGE FL City FL Zip Code 32128	
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: <u>X SHANE MICHAEL DRIGGERS</u> <i>Shane Driggers</i> <u>4/24/2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input checked="" type="checkbox"/> Delete		TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DRIGGERS, TRACEY C		NAME	SHANE MICHAEL DRIGGERS	
STREET ADDRESS	2491 KARL DRIVE		STREET ADDRESS	2491 KARL DR	
CITY-ST-ZIP	PORT ORANGE, FL 32128		CITY-ST-ZIP	PORT ORANGE FL 32128	
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DRIGGERS, KRISTENE H		NAME		
STREET ADDRESS	2491 KARL DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE, FL 32128		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>X SHANE MICHAEL DRIGGERS</u> <i>Shane Driggers</i> <u>4/24/2007</u> <u>299-2166</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					