

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000125248

Entity Name: PALMS ABODES, INC.

FILED  
Apr 12, 2007  
Secretary of State

## Current Principal Place of Business:

P.O. BOX 352286  
PALM COAST, FL 32135

## New Principal Place of Business:

73-A LYNBROOK DRIVE  
PALM COAST, FL 32137

## Current Mailing Address:

P.O. BOX 352286  
PALM COAST, FL 32135

## New Mailing Address:

FEI Number: 56-2530153      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GASKINS, LOUIS J  
73-A LYNBROOK DRIVE  
PALM COAST, FL 32137      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP      ( ) Delete  
Name: GASKINS, LOUIS J  
Address: 73-A LYNBROOK DRIVE  
City-St-Zip: PALM COAST, FL 32137

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS J. GASKINS

DP

04/12/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date