

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90058 015 ***150.00

DOCUMENT # P99000011512

1. Entity Name
THE PALMER RANCH & CATTLE COMPANY



Principal Place of Business Mailing Address
20999 COUNTY RD 832 **312 SE 17TH ST., STE. 300**
LABELLE, FL 33935 **FT. LAUDERDALE, FL 33316**

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
33316-2524

01042008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
65-0893302 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PALMER, CHARLES L
312 SE 17TH ST., STE. 300
FT. LAUDERDALE, FL 33316

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is NOT Acceptable) _____
 City _____ **FL** Zip Code _____

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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPST	<input type="checkbox"/> Delete
NAME	PALMER, CHARLES L	
STREET ADDRESS	312 SE 17TH ST.,STE 300	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
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 a power like empowered.

SIGNATURE:  **Charles L. Palmer** **1/7/08** **(954) 463-0681**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

40001914

