2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000011895

1. Entity Name
PALM BAY FIELD OF DREAMS, INC.

Principal Place of Business	Mailing Address
132 KYLE COURT NE PALM BAY, FL 32907	132 KYLE COURT NE PALM BAY, FL 32907

01042008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
20-8162301
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TSAMOUTALES, NICHOLAS F
5240 BABCOCK STREET NE
SUITE 307
PALM BAY, FL 32905

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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: James C Tapp Jr. JAMES C TAPP JR PRES 8 FEBRUARY 2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TAPP, JAMES C JR.
STREET ADDRESS	132 KYLE COURT NE
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	VD
NAME	ANDERSON, ANDREW A
STREET ADDRESS	524 BERNARDO AVE NE
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	SD
NAME	ANDERSON, SYBRINA K
STREET ADDRESS	524 BERNARDO AVE NE
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	TD
NAME	DEVIVO, JOHN A JR.
STREET ADDRESS	1006 BEACON ST. NW
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/21/08-80080-005 70.00

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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 617, 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: James C Tapp Jr. PRES. JAMES C. TAPP JR 2-8-08 321 724-4851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #