

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000038322

FILED  
Aug 19, 2004  
Secretary of State

Entity Name: PALM COAST FLORIDA REAL ESTATE COMPANY

**Current Principal Place of Business:**

106 PALM COAST PKWY NE  
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

106 PALM COAST PKWY NE  
SUITE 332  
PALM COAST, FL 32137

**New Mailing Address:**

FEI Number: 74-3038516

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARCHELLETTA, ANTHONY D SR  
106 PALM COAST PKWY NE  
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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MARCHELLETTA, ANTHONY D SR  
Address: 106 PALM COAST PKWY NE  
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 Section 119.07(3)(i), 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: ANTHONY MARCHELLETTA

P

08/19/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date