


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000038322

1. Entity Name
PALM COAST FLORIDA REAL ESTATE COMPANY



Principal Place of Business 29 OLD KINGS ROAD NORTH SUITE 4-A PALM COAST, FL 32137	Mailing Address 29 OLD KINGS ROAD NORTH SUITE 4-A PALM COAST, FL 32137
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01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-3038516	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARCHELLETTA, ANTHONY D
 29 OLD KINGS ROAD NORTH
 STE 4-A
 PALM COAST, FL 32137**

DO NOT WRITE IN THIS SPACE

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: *Anthony Marchelletta* DATE: **1-1-08**

Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating)

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

000000732501
 01/24/08-80012-025 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARCHELLETTA, ANTHONY D 29 OLD KINGS ROAD NORTH STE 4-A PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B MARCHELLETTA, RHONDA L 29 OLD KINGS ROAD NORTH STE 4-A PALM COAST, FL 32137
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DO NOT WRITE IN THIS SPACE

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: *Anthony Marchelletta* DATE: **1-11-08** DAYTIME PHONE #: **3864460080**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR