

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 572025

FILED  
Jan 27, 2009  
Secretary of State

Entity Name: PALMS DEL MAR, INC.

## Current Principal Place of Business:

1530 CORNERSTONE BLVD.  
STE 100  
DAYTONA BEACH, FL 32117 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 10809  
DAYTONA BEACH, FL 321200809 US

## New Mailing Address:

FEI Number: 59-1838037

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

APGAR, ROBERT F  
1530 CORNERSTONE BLVD. STE 100  
DAYTONA BEACH, FL 32117 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: PD ( ) Delete  
Name: TEETERS, BRUCE W.,  
Address: 1530 CORNERSTONE BLVD. STE 100  
City-St-Zip: DAYTONA BEACH, FL 32117

Title: VD ( ) Delete  
Name: APGAR, ROBERT F  
Address: 1530 CORNERSTONE BLVD. STE 100  
City-St-Zip: DAYTONA BEACH, FL 32117

Title: DSAT ( ) Delete  
Name: CRISP, LINDA  
Address: 1530 CORNERSTONE BLVD. STE 100  
City-St-Zip: DAYTONA BEACH, FL 32117

Title: DTAS ( ) Delete  
Name: MOOTHART, GARY  
Address: 1530 CORNERSTONE BLVD. STE 100  
City-St-Zip: DAYTONA BEACH, FL 32117

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: TEETERS, BRUCE W  
Address: 1530 CORNERSTONE BLVD. STE 100  
City-St-Zip: DAYTONA BEACH, FL 32117

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: LINDA CRISP

S

01/27/2009

Electronic Signature of Signing Officer or Director

Date