

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 13, 2004  
Secretary of State**

DOCUMENT# 762578

Entity Name: PALM COAST INDUSTRIAL PARK ASSOCIATION, INC.

**Current Principal Place of Business:**

ONE CORPORATE DR.  
SUITE 3A  
PALM COAST, FL 321374715 US

**New Principal Place of Business:**

**Current Mailing Address:**

ONE CORPORATE DR.  
SUITE 3A  
PALM COAST, FL 321374715 US

**New Mailing Address:**

FEI Number: 59-2894333      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LIVINGSTON, WILLIAM I  
ONE CORPORATE DR  
SUITE 3A  
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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LIVINGSTON, BILL  
Address: ONE CORPORATE DR STE 3A  
City-St-Zip: PALM COAST, FL 32137

Title: STD ( ) Delete  
Name: EILEEN LINEHAN,  
Address: ONE CORPORATE DR STE 3A  
City-St-Zip: PALM COAST, FL 32137

Title: VD ( ) Delete  
Name: DAVID LUSBY,  
Address: ONE CORPORATE DR STE 3A  
City-St-Zip: PALM COAST, FL 32137

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: LIVINGSTON, WILLIAM I  
Address: ONE CORPORATE DR STE 3A  
City-St-Zip: PALM COAST, FL 32137

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM I. LIVINGSTON

PD

02/13/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date