


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90012 025 ***158.75

DOCUMENT # G37029	
1. Entity Name PALM COAST MANAGEMENT, INC.	

Principal Place of Business PO BOX 540029 ORLANDO FL 32854 US	Mailing Address PO BOX 540029 ORLANDO FL 32854 US
---	---

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **59-2692319** Applied For ☐ Not Applicable ☒

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

6. Name and Address of Current Registered Agent DEBLOIS, RALPH 934 N. MAGNOLIA AVENUE SUITE 310 ORLANDO FL 32803	
--	--

7. Name and Address of New Registered Agent Name RON BENEDETTI Street Address (P.O. Box Number is Not Acceptable) 934 N. MAGNOLIA AVENUE SUITE 310 City ORLANDO FL 32803	
---	--

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 *Ron Benedetti* **RON BENEDETTI, PRES/SEC'Y** 3/8/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---

10. OFFICERS AND DIRECTORS	
TITLE PVTD	<input checked="" type="checkbox"/> Delete
NAME DEBLOIS, RALPH L	
STREET ADDRESS 934 N MAGNOLIA AVE, #310	
CITY-ST-ZIP ORLANDO FL 32803	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RON BENEDETTI	
STREET ADDRESS 934 N. MAGNOLIA AVENUE, #310	
CITY-ST-ZIP ORLANDO, FL 32803	
TITLE VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MARGARET MORGERA	
STREET ADDRESS 934 N. MAGNOLIA AVENUE, #310	
CITY-ST-ZIP ORLANDO, FL 32803	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Ron Benedetti* **RON BENEDETTI** 3/8/06 407-839-2016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #