

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G37029

Entity Name: PALM COAST MANAGEMENT, INC.

FILED
Apr 07, 2009
Secretary of State

Current Principal Place of Business:

PO BOX 540029
ORLANDO, FL 32854 US

New Principal Place of Business:

934 N. MAGNOLIA AVENUE
310
ORLANDO, FL 32803 US

Current Mailing Address:

PO BOX 540029
ORLANDO, FL 32854 US

New Mailing Address:

FEI Number: 59-2692319 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BENEDETTI, RON
934 N. MAGNOLIA AVENUE
SUITE 310
ORLANDO, FL 32803 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: PS () Delete
Name: BENEDETTI, RON
Address: 934 N MAGNOLIA AVE, # 310
City-St-Zip: ORLANDO, FL 32803

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: BENEDETTI, RON
Address: 934 N MAGNOLIA AVE, # 310
City-St-Zip: ORLANDO, FL 32803

Title: VP () Change (X) Addition
Name: MORGERA, MARGARET
Address: 934 N. MAGNOLIA AVENUE
City-St-Zip: ORLANDO, FL 32803

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: RON BENEDETTI

PRES

04/07/2009

Electronic Signature of Signing Officer or Director

Date