2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 8:00 am
Secretary of State
08-23-2004 90018 035 ****61.25

DOCUMENT # N01000000541

1. Entity Name
PALM COAST BUSINESS AND PROFESSIONAL NETWORK, INC.

Principal Place of Business	Mailing Address
39 BARRISTER LN PALM COAST, FL 32137	39 BARRISTER LN PALM COAST, FL 32137

b4U6J5bb

07212004 Chg-NP CR2E037 (10/03)

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

4. FEI Number 59-3694362 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NOWELL, SIDNEY M ESQ.
4 OLD KINGS ROAD NORTH
SUITE B
PALM COAST, FL 32137

7. Name and Address of New Registered Agent

Name ANDREW RICE
Street Address (P.O. Box Number is Not Acceptable) 22 BREEZE HILL LANE
City PALM COAST **FL** Zip Code 32137

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 _____ ANDREW RICE 8/19/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NAGLE, CLAUDIA 36 WEST HAMPTON DR PALM COAST, FL 32164	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition DIANNE HENSLEY 44 WELLWATER PALM COAST, FL 32164
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOREAU, ERNIE 39 BARRISTER LANE PALM COAST, FL 32137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GODWIN, KIM 217 ST. JOE PLAZA PALM COAST, FL 32164	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition ANDREW RICE 22 BREEZE HILL PALM COAST, FL 32137
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D IORE, DARYL 32 PINE COTTAGE LANE PALM COAST, FL 32164	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SWANSON, KEN 531 CYPRESS EDGE DR PALM COAST, FL 32164	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 8/19/04 (386) 447-1193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #