


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90047 023 ****70.00

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DOCUMENT # N01993					
1. Entity Name PALM BAY INDUSTRIAL CENTER OWNERS ASSOCIATION, INC.					
Principal Place of Business 1340 CLEARMONT ST., N.E. #304 PALM BAY, FL 32905		Mailing Address 1340 CLEARMONT ST., N.E. #304 PALM BAY, FL 32905		02172004 Chg-NP CR2E037 (10/03) 4. FEI Number 59-2401457 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		6. Name and Address of Current Registered Agent ROBERT, STAPLES C 1300 CLEARMONT ST. NE UNIT 202 PALM BAY, FL 32905	
Zip	Country	Zip	Country		
7. Name and Address of New Registered Agent				Name <u>Denis Kernmide</u> Street Address (P.O. Box Number is Not Acceptable) <u>1320 Clearmont St, Ste 107</u> City <u>Palm Bay</u> FL Zip Code <u>32905</u>	
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 <u>[Signature]</u> <u>Denis Kernmide, President</u> 2/19/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD	<input checked="" type="checkbox"/> Delete	TITLE	<u>Denis Kernmide</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAPLES, BOB		NAME	<u>1320 Clearmont St., Ste 107</u>	
STREET ADDRESS	1300 CLEARMONT ST. NE, UNIT 202		STREET ADDRESS	<u>Palm Bay, FL 32905</u>	
CITY-ST-ZIP	PALM BAY, FL 32095		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRY, ZEEK		NAME		
STREET ADDRESS	1340 CLEARMONT ST. NE - UNIT 304		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY, FL 32905		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLONDIN, A. J.		NAME		
STREET ADDRESS	1300 CLEARMONT ST. NE UNIT 205		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY, FL 32905		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>[Signature]</u> Denise Kernmide			Date: <u>2/19/04</u>		Daytime Phone #: <u>321)984-2521</u>