2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01993

1. Entity Name
PALM BAY INDUSTRIAL CENTER OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1340 CLEARMONT ST., N.E. #304 PALM BAY, FL 32905	1340 CLEARMONT ST., N.E. #304 PALM BAY, FL 32905

40004686

01172005   Chg-NP   CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4. FEI Number** 59-2401457 — Applied For / Not Applicable
Zip / Country	Zip / Country	**5. Certificate of Status Desired** ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KERMICLE, DENIS 1320 CLEARMONT ST. STE 107 PALM BAY, FL 32905	Name David Driscoll Street Address (P.O. Box Number is Not Acceptable) 1320 Clearmont St., NE #104 City Palm Bay FL Zip Code 32905

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 David Driscoll   DATE 1/18/05

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25 **Due by May 1, 2005**	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	PD KERMICLE, DENIS 1320 CLEARMONT ST STE 107 PALM BAY, FL 32095	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD David Driscoll 1320 Clearmont St., NE #104 Palm Bay, FL 32905	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARRY, ZEEK 1340 CLEARMONT ST. NE - UNIT 304 PALM BAY, FL 32905	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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
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: David Driscoll   1/18/05   (32)725-1445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #