


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2006 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



01032006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2401457	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**DRISCOLL, DAVID
1320 CLEARMONT ST. NE
104
PALM BAY, FL 32905**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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

U00000569422
07/11/06-80025-010 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DRISCOLL, DAVID 1320 CLEARMONT ST NE # 104 PALM BAY, FL 32095
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARRY, ZEEK 1340 CLEARMONT ST. NE - UNIT 304 PALM BAY, FL 32905
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: PO [Signature] 6/30/06 321-726-1445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #