

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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**

FILED
Jul 09, 2008 08:00 AM
Secretary of State



07032008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2401457

Applied For

Not Applicable

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

[Signature]

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 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DRISCOLL, DAVID
STREET ADDRESS 1320 CLEARMONT ST NE # 104
CITY-ST-ZIP PALM BAY, FL 32095

TITLE VPD
NAME HARRY, ZEEK
STREET ADDRESS 1340 CLEARMONT ST. NE - UNIT 304
CITY-ST-ZIP PALM BAY, FL 32905

TITLE
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CITY-ST-ZIP

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07/09/08-80004-012 61.25

**DO NOT WRITE
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #