

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90042 012 \*\*\*\*61.25

**60010565**



01182006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # N03000001506</b>					
<b>1. Entity Name</b> PALM BAY, INC.					
<b>Principal Place of Business</b> 1084 6TH AVE N NAPLES, FL 34102			<b>Mailing Address</b> 1084 6TH AVE N NAPLES, FL 34102		
<b>2. Principal Place of Business</b> 3216 Purple Martin Dr Suite, Apt. #, etc.		<b>3. Mailing Address</b> 6025 TAYLOR Rd. Suite, Apt. #, etc. Ste - 2			
<b>City &amp; State</b> Punta Gorda, FL Zip 33950 Country		<b>City &amp; State</b> Punta Gorda, FL Zip 33950 Country		<b>4. FEI Number</b> 90-0188827	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  WOOD, DOUGLAS A 1000 TAMiami TRAIL NORTH, STE. 201 NAPLES, FL 34102			<b>7. Name and Address of New Registered Agent</b>  Name: STAR Hospitality Mgmt Street Address (P.O. Box Numbers Not Acceptable): 6025 TAYLOR Rd. Ste. 2 City: Punta Gorda FL Zip Code: 33950		
<b>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.</b>  SIGNATURE: Sherry Dandew DATE: 1-25-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	VD PADLO, LARRY 953 - 18TH AVE. SOUTH NAPLES, FL 34102	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	President JEFFREY JONES 3216 Purple Martin Dr. # 122 Punta Gorda, FL 33950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	PSTD CABRAL, TIM 692 PINE CT. NAPLES, FL 34102	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	Vice President MICHAEL TARDEFF 3216 Purple Martin Dr. # 113 Punta Gorda, FL 33950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D DOERFLER, JENNIFER 11791 BRADLEY COURT BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	Secretary / Treasurer Gregory Feehan 3216 Purple Martin Dr. # 121 Punta Gorda, FL 33950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>					
<b>SIGNATURE:</b>			1/30/06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		