



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90048 011 \*\*\*\*\*70.00

<b>DOCUMENT # N27748</b> 1. Entity Name <b>THE PALMS OF LONG BAYOU, INC.</b>					
Principal Place of Business <b>9860 62ND TERRACE NORTH UNIT 1060 ST. PETERSBURG, FL 33708</b>			Mailing Address <b>9860 62ND TERRACE NORTH UNIT 1060 ST. PETERSBURG, FL 33708</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-2966313</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>DUBOIS, RICHARD C 9860 62ND TERRACE, NORTH STE #1043 ST PETERSBURG, FL 33708</b>			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ DATE _____ <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 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DUBIOS, RICARD C</b> <b>9860 62ND TERRACE NORTH, UNIT 1043</b> <b>SAINT PETERSBURG, FL 33708</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>GUIKOFF, ANGEL</b> <b>9860 62ND TERRACE NORTH, UNIT 1051</b> <b>ST PETERSBURG, FL 33708</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>GUIKOFF, FRANCES</b> <b>9860 62ND TERRACE NORTH, UNIT 1051</b> <b>SAINT PETERSBURG, FL 33708</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILLIAMS, JEAN</b> <b>9860 62ND TERRACE NORTH, UNIT 1032</b> <b>ST PETERSBURG, FL 33708</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BEAL, VICKY</b> <b>9860 62ND TERRACE NORTH, UNIT 1047</b> <b>ST PETERSBURG, FL 33708</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>SHEILA POLGREEN</b> <b>9860 62nd TERRACE NORTH UNIT 1025</b> <b>SAINT PETERSBURG, FL 33708</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <b>JOHN LIZAK, SR</b> <b>9860 62nd TERRACE NORTH UNIT 1016</b> <b>SAINT PETERSBURG, FL 33708</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>FREDERICK POLGREEN</b> <b>9860 62nd TERRACE NORTH UNIT 1025</b> <b>SAINT PETERSBURG, FL 33708</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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>SIGNATURE:</b> _____ <b>ANGEL GUIKOFF</b> <b>JANUARY 11, 2008</b> <b>8761</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					