

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED 04-19-2004 90299 009 *****70.00
N94000006108

04 MAY 12 PM 3:20

TALLAHASSEE, FLORIDA

94055545



MOORE CR2E037 (11/03)

DOCUMENT # N94000006108

1. Entity Name
THE PALM BAY DEVELOPMENT CORPORATION

Principal Place of Business
**10 N. CYPRESS STREET
FELLSMERE FL 32948
US**

Mailing Address
**10 N. CYPRESS STREET
FELLSMERE FL 32948
US**

2. Principal Place of Business
11550 CR 507

3. Mailing Address
Suite, Apt. #, etc.

City & State
FELLSMERE FLA

City & State
INDIAN RIVER

Zip
32948

Country
INDIAN RIVER

6. Name and Address of Current Registered Agent
**ROBERTS, W.J.
217 S. ADAMS STREET
TALLAHASSEE FL 32302**

4. FEI Number
59-3298248

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
Name
ADAMS, THOMAS B.
Street Address (P.O. Box Number is Not Acceptable)
11550 CR 507
City
FELLSMERE FL **32948**

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 **Tom Adams** DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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 ADAMS, TOM B 10 N. CYPRESS STREET FELLSMERE FL 32948 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADAMS, Tom B 11550 C.R. 507 FELLSMERE, FLA 32948 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NANNI, JODIE 10 N. CYPRESS STREET FELLSMERE FL 32948 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NANNIE, Jodie 4302 SIBUX COURT ST. CLOUD, FLA 34772 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PACHECO, HECTOR 10 N. CYPRESS STREET FELLSMERE FL 32948 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Tom Adams** **4-16-04** **772-633-8440**