


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000006108 1. Entity Name THE PALM BAY DEVELOPMENT CORPORATION						<div style="transform: rotate(-15deg);"> FILED 05 MAR -3 AM 10:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 11550 CR 507 FELLSMERE, FL 32948 US				Mailing Address 11550 CR 507 FELLSMERE, FL 32948 US			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent ADAMS, THOMAS B 11550 CR 507 FELLSMERE, FL 32948				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number 59-3298248			
5. Certificate of Status Desired <input type="checkbox"/>				Applied for Not Applicable			
\$8.75 Additional Fee Required				03032005 Chg-NP CR2E037 (10/03)			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____			
Filing Fee is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			
\$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 11550 CR 507 FELLSMERE, FL 32948			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NANNI, JODIE 11550 CR 507 FELLSMERE, FL 32948			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
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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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date _____ <small>Daytime Phone #</small>			