

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000031356

FILED
Feb 07, 2005
Secretary of State

Entity Name: PALM COAST REAL ESTATE SERVICES, INC.

Current Principal Place of Business:

ONE OLD KINGS ROAD NORTH
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

11777 SAN VICENTE BLVD., SUITE 900
LOS ANGELES, CA 90049

New Mailing Address:

FEI Number: 59-3642672 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: POLADIAN, AVEDICK B
Address: 11777 SAN VICENTE BLVD #900
City-St-Zip: LOS ANGELES, CA 90049

Title: D () Delete
Name: LOWE, ROBERT J.
Address: 11777 SAN VICENTE BLVD #900
City-St-Zip: LOS ANGELES, CA 90049

Title: DC () Delete
Name: PLATT III, JOHN B.
Address: 26 WEST MICHELTORENA STREET
City-St-Zip: SANTA BARBARA, CA 931012527

Title: DVT () Delete
Name: WETHE, WILLIAM T.
Address: 11777 SAN VICENTE BLVD #900
City-St-Zip: LOS ANGELES, CA 90049

Title: S () Delete
Name: LARSEN, LEANNE
Address: 11777 SAN VICENTE BLVD #900
City-St-Zip: LOS ANGELES, CA 90049

Title: V () Delete
Name: DEMARCO, JOHN M.
Address: 11777 SAN VICENTE BLVD #900
City-St-Zip: LOS ANGELES, CA 90049

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DC (X) Change () Addition
Name: PLATT III, JOHN B.
Address: 2060 ALAMEDA PADRE SERRA
City-St-Zip: SANTA BARBARA, CA 93103

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEANNE LARSEN

S

02/07/2005

Electronic Signature of Signing Officer or Director

_____ Date