


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90021 003 \*\*\*150.00

<b>DOCUMENT # P00000081071</b>		
1. Entity Name PALM COAST HOLDINGS, INC.		

Principal Place of Business ONE CORPORATE DR., 3A PALM COAST, FL 32137 US	Mailing Address 4315 METRO PARKWAY SUITE 500 FORT MYERS, FL 33916 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40055025



03212008 Chg-P CR2E034 (12/06)

4. FEI Number 65-1036587	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NATIELLO, JOHN A 4315 METRO PARKWAY SUITE 500 FORT MYERS, FL 33916		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, CLINTON F III ONE CORPORATE DR., STE. 3A PALM COAST, FL 32137 <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	DV HOLQUIST, LAURA A ONE CORPORATE DR. STE 3A PALM COAST, FL 321374715 <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	DP LIVINGSTON, WILLIAM I ONE CORPORATE DR, STE 3A PALM COAST, FL 321374715 <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	VAS NATIELLO, JOHN 4315 METRO PARKWAY, SUITE 500 FORT MYERS, FL 33916 <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	V LUSBY, DAVID ONE CORPORATE DR., 3A PALM COAST, FL 32137 <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	V PLAMBECK, BARBARA A 4315 METRO PARKWAY, SUITE 500 FORT MYERS, FL 33916 <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 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 607, 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: 	JOHN NATIELLO, VP	3/27/08	239-333-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

# ATTACHMENT

40055025

## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000081071 Continued

PALM COAST HOLDINGS, INC.

### Line 10 Continued

TITLE	V	<input type="checkbox"/> Delete
NAME	ROTH, JEFFREY H.	
STREET ADDRESS	4315 METRO PARKWAY, SUITE 500	
CITY-ST-ZIP	FORT MYERS, FL 33916	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LINEHAN, EILEEN	
STREET ADDRESS	ONE CORPORATE DR., STE 3A	
CITY-ST-ZIP	PALM COAST, FL 32137-4715	
TITLE	T	<input type="checkbox"/> Delete
NAME	HORVATH, MARGE	
STREET ADDRESS	4315 METRO PARKWAY, SUITE 500	
CITY-ST-ZIP	FORT MYERS, FL 33916	
TITLE	VS	<input type="checkbox"/> Delete
NAME	HUGHES, HEIDI	
STREET ADDRESS	4315 METRO PARKWAY, SUITE 500	
CITY-ST-ZIP	FORT MYERS, FL 33916	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

### Line 11 Continued

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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