

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

A5/062


FILED

08 NOV 24 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10292008 Chg-P CR2E034 (12/06)

DOCUMENT # P00000081071					
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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-1036587	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NATIELLO, JOHN A 4315 METRO PARKWAY SUITE 500 FORT MYERS, FL 33916				7. Name and Address of New Registered Agent Name ROTH, JEFFREY H. Street Address (P.O. Box Number is Not Acceptable) 4315 METRO PARKWAY SUITE 500 City FORT MYERS FL Zip Code 33916	
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 <u>Jeffrey H. Roth, VP</u> DATE <u>11/2/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE	V	<input type="checkbox"/> Delete			
NAME	SMITH, CLINTON F III				
STREET ADDRESS	ONE CORPORATE DR., STE. 3A				
CITY-ST-ZIP	PALM COAST, FL 32137				
TITLE	DV	<input type="checkbox"/> Delete			
NAME	HOLQUIST, LAURA A				
STREET ADDRESS	ONE CORPORATE DR. STE 3A				
CITY-ST-ZIP	PALM COAST, FL 321374715				
TITLE	DP	<input type="checkbox"/> Delete			
NAME	LIVINGSTON, WILLIAM I				
STREET ADDRESS	ONE CORPORATE DR, STE 3A				
CITY-ST-ZIP	PALM COAST, FL 321374715				
TITLE	VAS	<input checked="" type="checkbox"/> Delete			
NAME	NATIELLO, JOHN				
STREET ADDRESS	4315 METRO PARKWAY, SUITE 500				
CITY-ST-ZIP	FORT MYERS, FL 33916				
TITLE	V	<input type="checkbox"/> Delete			
NAME	LUSBY, DAVID				
STREET ADDRESS	ONE CORPORATE DR., 3A				
CITY-ST-ZIP	PALM COAST, FL 32137				
TITLE	V	<input type="checkbox"/> Delete			
NAME	PLAMBECK, BARBARA A				
STREET ADDRESS	4315 METRO PARKWAY, SUITE 500				
CITY-ST-ZIP	FORT MYERS, FL 33916				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		000138238440			
STREET ADDRESS		11/24/08--01059--004 **\$61.25			
CITY-ST-ZIP					
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		4315 METRO PARKWAY, SUITE 500			
STREET ADDRESS		FORT MYERS, FL 33916			
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: <u>Jeffrey H. Roth, VP</u> DATE <u>11/2/08</u> 239-333-3300 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

11/24/08

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DOCUMENT # P00000081071 CONTINUED

1. Entity Name

PALM COAST HOLDINGS, INC.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V <input type="checkbox"/> Delete ROTH, JEFFREY H. 4315 METRO PARKWAY, SUITE 500 FORT MYERS, FL 33916	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS <input type="checkbox"/> Delete LINEHAN, EILEEN ONE CORPORATE DRIVE, SUITE 3A PALM COAST, FL 32137-4715	TITLE NAME STREET ADDRESS CITY - ST - ZIP	LINEHAN, EILEEN L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <input checked="" type="checkbox"/> Delete HORVATH, MARGE 4315 METRO PARKWAY, SUITE 500 FORT MYERS, FL 33916	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS <input checked="" type="checkbox"/> Delete HUGHES, HEIDI 4315 METRO PARKWAY, SUITE 500 FORT MYERS, FL 33916	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