

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000038322

1. Entity Name
PALM COAST FLORIDA REAL ESTATE COMPANY



Principal Place of Business
29 OLD KINGS ROAD NORTH
SUITE 4-A
PALM COAST, FL 32137

Mailing Address
29 OLD KINGS ROAD NORTH
SUITE 4-A
PALM COAST, FL 32137



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3038516

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARCHELLETTA, ANTHONY D
29 OLD KINGS ROAD NORTH
STE 4-A
PALM COAST, FL 32137

**DO NOT WRITE
IN THIS SPACE**

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

Anthony Marchelletta

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating

DATE

1-1-08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

000000792501
01/24/08-80012-025 158.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MARCHELLETTA, ANTHONY D
29 OLD KINGS ROAD NORTH STE 4-A
PALM COAST, FL 32137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
B
MARCHELLETTA, RHONDA L
29 OLD KINGS ROAD NORTH STE 4-A
PALM COAST, FL 32137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Anthony Marchelletta

Signature, typed or printed name of signing officer or director

1-11-08

Date

3864460080

Daytime Phone #