


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90043 013 \*\*\*150.00

<b>DOCUMENT # P02000072112</b>	
1. Entity Name <b>PALM COAST FLAGLER BEACH REALTY, INC.</b>	

Principal Place of Business <b>500 N. OCEANSHORE BLVD. STE 6 FLAGLER BEACH, FL 32136</b>	Mailing Address <b>P.O BOX 1738 FLAGLER BEACH, FL 32136</b>
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**50004438**

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



01072005 Chg-P CR2E034 (10/03)

4. FEI Number <del>82-0552000</del> <b>82-0558080</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>BERG, ELAINE C 250 WELLINGTON DRIVE PALM COAST, FL 32164</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 _____ <small>Signature, typewritten or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ELAINE, BERG C 250 WELLINGTON DRIVE PALM COAST, FL 32164</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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>Elaine C. Berg</u> <b>ELAINE C. BERG, President</b> <u>01-01-2005</u> <u>386 439-2399</u>	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Telephone/Fax #</small>
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