

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000103807

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** PALM COAST RESIDENTIAL SERVICES, INC.

**Current Principal Place of Business:**

17 MARSHVIEW LN.  
PALM COAST, FL 32137

**New Principal Place of Business:**

104 A BROOKHAVEN. CT. S.  
UNIT A  
PALM COAST, FL 32164

**Current Mailing Address:**

17 MARSHVIEW LN.  
PALM COAST, FL 32137

**New Mailing Address:**

104 A BROOKHAVEN. CT. S.  
UNIT A  
PALM COAST, FL 32164

**FEI Number:** 81-0633186

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SAVY, BENJAMIN  
25 PINE CONE DR  
SUITE 2A  
PALM COAST, FL 32164 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BEAULIEU, GLENN A  
Address: 104 A BROOKHAVEN CT. S.  
City-St-Zip: PALM COAST, FL 32164

I hereby 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 all other like empowered.

SIGNATURE: GLENN A. BEAULIEU

P

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date