2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State
04-13-2006 90314 050 ***150.00

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1. Entity Name
PALM COAST COMMERCIAL & INDUSTRIAL CENTER, INC.

Principal Place of Business	Mailing Address
12412 SAN JOSE BOULEVARD SUITE 104 JACKSONVILLE, FL 32223	12412 SAN JOSE BOULEVARD 104 JACKSONVILLE, FL 32223

04072006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
12058 San Jose Blvd.	12058 San Jose Blvd.
Suite, Apt. #, etc.: Suite 804	Suite, Apt. #, etc.: Suite 804
City & State: Jacksonville FL	City & State: Jacksonville FL
Zip: 32223 Country:	Zip: 32223 Country:

4. FEI Number: 20-2610302 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRANIFF, MICHAEL L 12412 SAN JOSE BLVD. 104 JACKSONVILLE, FL 32223	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BRANIFF, MICHAEL L 12412 SAN JOSE BOULEVARD, SUITE 104 JACKSONVILLE, FL 32223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BRANIFF, MICHAEL L. 12058 SAN JOSE Blvd. Suite 804 JACKSONVILLE, FL 32223 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BRYANT, ROBERT P 26 OLD OAK DR. PALM COAST, FL 32137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S COLANERO, PATRICIA 12412 SAN JOSE BOULEVARD, SUITE 104 JACKSONVILLE, FL 32223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S COLANERO, PATRICIA 12058 SAN JOSE Blvd. Suite 804 JACKSONVILLE, FL 32223 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T EMERY, CHRISTINA V 12412 SAN JOSE BOULEVARD, SUITE 104 JACKSONVILLE, FL 32223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T EMERY, CHRISTINA V. 12058 SAN JOSE Blvd. Suite 804 JACKSONVILLE, FL 32223 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V RICHMOND II, ROBERT W 12412 SAN JOSE BOULEVARD, SUITE 104 JACKSONVILLE, FL 32223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V RICHMOND II, ROBERT W 12058 SAN JOSE Blvd. Suite 804 JACKSONVILLE FL 32223 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____ 4/7/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #