

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000122652

1. Entity Name
BEST COUPON BOOK OF PALM COAST INC.



Principal Place of Business
49 LONDONDERRY DRIVE
PALM COAST, FL 32137

Mailing Address
49 LONDONDERRY DRIVE
PALM COAST, FL 32137



01222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3457874	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

STEFFENS, THOMAS M
49 LONDONDERRY DRIVE
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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**

U000000804247
02/05/08 00054 014 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STEFFENS, THOMAS M
STREET ADDRESS	49 LONDONDERRY DRIVE
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	V
NAME	STEFFENS, LAURELANN E
STREET ADDRESS	49 LONDONDERRY DRIVE
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	S
NAME	BENCKE, GAIL P
STREET ADDRESS	49 LONDONDERRY DRIVE
CITY-ST-ZIP	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	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/08
Date

Daytime Phone #