

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000124994

1. Entity Name
PRESTIQUE DEVELOPMENT COMPANY, INC.



Principal Place of Business
**1185 W GRANADA BLVD
SUITE 12
ORMOND BEACH, FL 32174**

Mailing Address
**PO BOX 730086
ORMOND BEACH, FL 32173**



01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0555245	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

**HOLUB, PAUL F JR
675 NORTH BEACH STREET
ORMOND BEACH, FL 32174**

**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

000000917892
05/13/08 00062 002 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	VANACORE, JEFFREY J
STREET ADDRESS	675 NORTH BEACH STREET
CITY-ST-ZIP	ORMOND BEACH, FL 32174

TITLE	D
NAME	HOLUB, PAUL F JR
STREET ADDRESS	675 NORTH BEACH STREET
CITY-ST-ZIP	ORMOND BEACH, FL 32174

TITLE	
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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

Paul F. Holub, Jr.

4/1/08

Date

386-677-7417

Daytime Phone #