

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000131337

1. Entity Name
PALM CITY ENGINE WORKS INC.



Principal Place of Business
**1400 SOUTH WEST SUNSET TRAIL
PALM CITY, FL 34990-3347 US**

Mailing Address
**1400 SOUTH WEST SUNSET TRAIL
PALM CITY, FL 34990-3347 US**



04212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-0126022

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHIAVETTA, ANTHONY C.
1400 SW SUNSET TRAIL
PALM CITY, FL 34990-3347**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CHIAVETTA, ANTHONY C.
STREET ADDRESS	1400 SOUTH WEST SUNSET TRAIL
CITY-ST-ZIP	PALM CITY, FL 349903347
TITLE	P
NAME	CHIAVETTA, ANTHONY C
STREET ADDRESS	1400 SOUTH WEST SUNSET TRAIL
CITY-ST-ZIP	PALM CITY, FL 349903347
TITLE	T
NAME	CHIAVETTA, ANTHONY C
STREET ADDRESS	1400 SOUTH WEST SUNSET TRAIL
CITY-ST-ZIP	PALM CITY, FL 349903347
TITLE	VP
NAME	CHIAVETTA, ANTHONY C
STREET ADDRESS	1400 SOUTH WEST SUNSET TRAIL
CITY-ST-ZIP	PALM CITY, FL 349903347
TITLE	S
NAME	CHIAVETTA, ANTHONY C
STREET ADDRESS	1400 SOUTH WEST SUNSET TRAIL
CITY-ST-ZIP	PALM CITY, FL 349903347
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/08/07-80110-001 158.75

**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: *Anthony C. Chiavetta* **Anthony C. Chiavetta** 4-16-07 (561)253 4956

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #