2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000131337

1. Entity Name
PALM CITY ENGINE WORKS INC.

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

02152008 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 _____ 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, 2008 Fee will be $550.00

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

U00000932992
05/22/08-80078-006 150.00

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	

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: _____ 4-26-08 5612534956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #