


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2007 8:00 am
Secretary of State

06-25-2007 90001 035 ***150.00

DOCUMENT # P06000026717	
1. Entity Name FLAGLER BAY MORTGAGE OF PALM COAST FLORIDA, INC.	

Principal Place of Business 2285 EAST HIGHWAY 100 SUITE 211 BUNNELL, FL 32110	Mailing Address 2285 EAST HIGHWAY 100 SUITE 211 BUNNELL, FL 32110
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 2285 E. HIGHWAY 100
Suite, Apt. #, etc.	Suite, Apt. #, etc. 203
City & State	City & State BUNNELL FL
Zip	Zip 32110
Country	Country U.S.A.

40121555



06212007 Chg-P CR2E034 (12/06)

4. FEI Number 33-1332288	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	
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7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD KELLY, NEVILLE A 32 SQUASH BLOSSOM TRAIL PALM COAST, FL 32164 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Merville A. Kelly 06-21-07 (386)951-4371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davette Phone #