


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000038312	
1. Entity Name PALM COAST DEVELOPMENT, INC.	
	
Principal Place of Business 3755 7TH TERR., SUITE 101 VERO BEACH, FL 32960 US	Mailing Address 3755 7TH TERR., SUITE 101 VERO BEACH, FL 32960 US



02262008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0415987	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent HUDSON, DOROTHY A 3755 7TH TERR, STE 101 VERO BEACH, FL 32960

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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000383129 04/28/08-80020-009 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MCNALLY, ROBERT C. 522 BAY DR VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MCNALLY, JACQUELINE P 522 BAY DR VERO BEACH, FL 32963
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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:  **2/27/08** **772-794-9105**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #