


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90371 023 ***150.00

DOCUMENT # P96000103683
1. Entity Name
PALM COAST PARKWAY PLAZA, INC.



Principal Place of Business
1489 PALM COAST PKWY
PALM COAST, FL 32137

Mailing Address
15 CHICKASAW CT
PALM COAST, FL 32137



02222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3501385 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DUNCAN, DONALD ESQ
25 FLORIDA PARK DRIVE NORTH
PALM COAST, FL 32137

MICHAEL MATUSZCZAK
15 Chickasaw Ct.
Palm Coast FL
32137

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 Michael Matuszczak (NOTE: Registered Agent signature required when reinstating)
Date 4/13/06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	MATUSZCZAK, MICHAEL E
STREET ADDRESS	15 CHICKASAW CT
CITY - ST - ZIP	PALM COAST, FL 32137
TITLE	VPS
NAME	MATUSZCZAK, CYNTHIA J
STREET ADDRESS	15 CHICKASAW CT
CITY - ST - ZIP	PALM COAST, FL 32137
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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: [Signature] Date 4/13/06 386 445 4110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #