## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P98000014257

1. Entity Name

PALM COAST REALTY OF THE TREASURE COAST, INC.



Principal Place of Business

3755 7TH TERRACE

STE 101

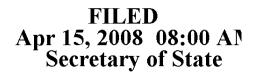
VERO BEACH, FL 32960

Mailing Address

3755 7TH TERRACE

STE 101

VERO BEACH, FL 32960 :





02262008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0828449 Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUDSON, DOROTHY A 3755 7TH TERRACE STE 101 VERO BEACH, FL 32960 DO NOT WRITE

			I.		LONG THE REST OF SERVICES		hai alian kangela da betak	42 F. I
	named entity submits this statement for the plans of registered agent.	urpose of chang						
SIGNATURE.								.
Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered.				d Agent aignature required when reinstating)		DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees			U00000898982			
10.	OFFICERS AND DIREC	CTORS	ļ	有非常的	4 142 4 4			77.4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCNALLY, ROBERT C 3755 7TH TERRACE, SUITE 101 VERO BEACH, FL 32960							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ORRICK, PETER M 3755 7TH TERRACE, SUITE 101 VERO BEACH, FL 32960					RECEIPTING CHARLES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						NOT WE	UTE :	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					IN	THIS SP/	(CE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE		-						

12. I hereby certify that the information supplied with this filling 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 goestes 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 withpan address, with all other like empowered.

**SIGNATURE** 

STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/08

772-794-9105

Daytime Phone #