

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # P98000014257</b>	
1. Entity Name <b>PALM COAST REALTY OF THE TREASURE COAST, INC.</b>	
Principal Place of Business <b>3755 7TH TERRACE STE 101 VERO BEACH, FL 32960</b>	Mailing Address <b>3755 7TH TERRACE STE 101 VERO BEACH, FL 32960</b>



02262008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0828449</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>HUDSON, DOROTHY A 3755 7TH TERRACE STE 101 VERO BEACH, FL 32960</b>	
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 _____	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U000000898982 04/28/08 30020 012 158.75
10. OFFICERS AND DIRECTORS			
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			

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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 <i>Robert C. McNally</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <b>2/27/08</b> Daytime Phone # <b>772-794-9105</b>