

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000034238

1. Entity Name  
PALMBAY CENTER @ AIPO, INC.



Principal Place of Business  
255 SOUTH ORANGE AVENUE  
STE 1540  
ORLANDO, FL 32801

Mailing Address  
255 SOUTH ORANGE AVENUE  
STE 1540  
ORLANDO, FL 32801



04212006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3663138	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

WHIDDON, FLOYD JR  
255 SOUTH ORANGE AVENUE  
SUITE 1540  
ORLANDO, FL 32801

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

00000556356  
05/17/06-80006-010 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHIDDON, FLOYD 1513 INDIAN DANCE CT MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRUL, AUBREY M 1659 SUNTERRA DRIVE DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOYLE, ELIAM T 3104 LAKEPOINTE TRAIL BATTLEBORO, NC 27809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIDSON, ROBERT O 1281 OAK GROVE DRIVE DECATUR, GA 30033
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 23, 2006 407  
649-4700  
Date Daytime Phone #