


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90104 040 ***150.00

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	
2. Principal Place of Business - No P.O. Box # 340 N. Maitland Ave Suite, Apt. #, etc. Suite 110 City & State Maitland FL Zip 32751		3. Mailing Address 340 N Maitland Ave Suite, Apt. #, etc. Suite 110 City & State Maitland FL Zip 32751	
4. FEI Number 59-3663138		Applied For <input type="checkbox"/> 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		7. Name and Address of New Registered Agent Name Whiddon, Floyd JR Street Address (P.O. Box Number is Not Acceptable) 340 North Maitland Ave Suite 110 City Maitland FL Zip Code 32751	
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 <u>FLOYD WHIDDON</u> DATE <u>1-17-07</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHIDDON, FLOYD 1513 INDIAN DANCE CT MAITLAND, FL 32751	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOYLE, ELIAM T 3104 LAKEPOINTE TRAIL BATTLEBORO, NC 27809	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>FLOYD WHIDDON</u>		Date <u>1-17-07</u> Daytime Phone # <u>407 644-9460</u>	