


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # P98000034238 1. Entity Name PALMBAY CENTER @ AIPO, INC.	
---	---

Principal Place of Business 340 N MAITLAND AVE STE 110 MAITLAND, FL 32751	Mailing Address 340 N MAITLAND AVE STE 110 MAITLAND, FL 32751
--	--

DO NOT WRITE IN THIS SPACE



01052008 No Chg-P CR2E034 (11/05)

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
340 NORTH MAITLAND AVE
STE 110
MAITLAND, FL 32751

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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

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	

000000866207
04/08/08-80021-001 150.00

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

1-15-08 407 644-9400
Date Daytime Phone #