


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90347 001 \*3,600.00

<b>DOCUMENT # P98000098923</b>	
1. Entity Name <b>PALM COAST INVESTMENTS, INC.</b>	

Principal Place of Business <b>2359 BEVILLE RD. DAYTONA BEACH, FL 32119</b>	Mailing Address <b>2359 BEVILLE RD. DAYTONA BEACH, FL 32119</b>
--	--

2. Principal Place of Business <b>2379 Beville Road</b>	3. Mailing Address <b>2379 Beville Road</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Daytona Beach, Florida</b>	City & State <b>Daytona Beach, Florida</b>
Zip <b>32119</b>	Zip <b>32119</b>
Country <b>USA</b>	Country <b>USA</b>

02252005 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3551178</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>HOSSEINI-KARGAR, MORTEZA 2359 BEVILLE RD. DAYTONA BEACH, FL 32119</b>	Name
	Street Address (P.O. Box Number is Not Acceptable) <b>2379 Beville Road</b>
	City
	State <b>FL</b> Zip Code


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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PSD HOSSEINI-KARGAR, MORTEZA 2359 BEVILLE RD. DAYTONA BEACH, FL 32119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2379 Beville Road</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V IRLAND, CHARLENE B 2359 BEVILLE RD. DAYTONA BEACH, FL 32119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2379 Beville Road</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS THORNTON-HILL, TERESA 2359 BEVILLE RD. DAYTONA BEACH, FL 32119 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>AVP Newkirk, Kimberly A. 2379 Beville Road Daytona Beach, FL 32119</b>
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
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 exemption stated in Section 119.07(3)(i), 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.

<b>SIGNATURE:</b> 	<b>Morteza Hosseini-Kargar</b> President	Date <b>4/21/05</b>	Daytime Phone # <b>386-788-0820</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			