

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90313 039 ***158.75

DOCUMENT # P99000024487

1. Entity Name
PALM COAST DEVELOPMENT OF VERO BEACH, INC.



Principal Place of Business

**3755 7TH TERR.
SUITE 101
VERO BEACH, FL 32960**

Mailing Address

**3755 7TH TERR.
SUITE 101
VERO BEACH, FL 32960**

DO NOT WRITE IN THIS SPACE



02112005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0902936

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FOX, M. LANNING
1100 S. FEDERAL HIGHWAY
STUART, FL 34994**

**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, 2005 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
MCNALLY, ROBERT C
522 BAY DR
VERO BEACH, FL 32963

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
MCNALLY, JACQUELINE
522 BAY DR
VERO BEACH, FL 32963

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.30.05
Date

794-9101
Daytime Phone #