

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000076943

1. Entity Name
PALM COAST HOME REALTY, INC.



Principal Place of Business
**7821 DEERCREEK CLUB ROAD
SUITE 200
JACKSONVILLE, FL 32256**

Mailing Address
**7821 DEERCREEK CLUB ROAD
SUITE 200
JACKSONVILLE, FL 32256**



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3616533

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WATSON, JR, WILLIAM A
7821 DEERCREEK CLUB ROAD
SUITE 200
JACKSONVILLE, FL 32256**

**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. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	WATSON, WILLIAM A JR
STREET ADDRESS	7821 DEERCREEK RD, SUITE 200
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	D
NAME	WATSON, WILLIAM A JR
STREET ADDRESS	7821 DEERCREEK CLUB RD, SUITE 200
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/19/08-80007-022 150.00

**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: *William A Watson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-08

Date

904-596-5960

Daytime Phone #