


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # S03832 1. Entity Name PALM COAST VEAL CORP.		
Principal Place of Business 7431-34 W ATLANTIC AVE # 149 DELRAY BEACH, FL 33446		Mailing Address 3698 1/2 N.W. 16TH ST LAUDERHILL, FL 33311
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HOGANCAMP, WALTER E 9640 NW 7TH CIRCLE # 23018 PLANTATION, FL 33324		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 TICHAUER, HARVEY 7431-34 W ATLANTIC AVE DELRAY BEACH, FL 33446	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>Harvey Tichaer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/28/04</u> <small>Date</small> <small>Daytime Phone #</small>



04222004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0227858	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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04/29/04-80190-020 150.00

**DO NOT WRITE
IN THIS SPACE**