2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # S29014

1. Entity Name

G.M. DEVELOPMENT OF PALM COAST, INC.

Principal Place of Business	Mailing Address
21 OLD KINGS RD N B204 PALM COAST FL 32137 US	P.O. BOX 353639 PALM COAST FL 32135-3639

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-3054895 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COSTA, MANUEL D 57 FAIRBANK LANE PALM COAST FL 32137	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____
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, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	TS ☐ Delete	TITLE	☐ Change ☐ Add
NAME	COSTA, ROSA J	NAME	100000461999
STREET ADDRESS	57 FAIRBANK LN	STREET ADDRESS	03/21/06-80017-017 150.00
CITY-ST-ZIP	PALM COAST FL 32132	CITY-ST-ZIP	
TITLE	STDV ☐ Delete	TITLE	☐ Change ☐ Add
NAME	DACONCEICAO, GEORGE	NAME	
STREET ADDRESS	39 COCONUT CT	STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32134	CITY-ST-ZIP	
TITLE	PDC ☐ Delete	TITLE	☐ Change ☐ Add
NAME	COSTA, MANUEL D	NAME	
STREET ADDRESS	57 FAIRBANK LN	STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32137	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Rosa F. Costa ROSA F. COSTA, 3/6/06 386-446-5716