


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90110 005 ***150.00

DOCUMENT # S39585 1. Entity Name PALM COVE REALTY, INC.	
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Principal Place of Business 4201 VINELANE RD. I-9 ORLANDO, FL 32811 US	Mailing Address 501 BLUE LAKE DR. LONGWOOD, FL 32779
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400003776



2. Principal Place of Business - No P.O. Box # 7642 Pointe Venezia Dr.	3. Mailing Address Suite, Apt. #, etc.
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01072008 Chg-P CR2E034 (12/06)

City & State Orlando, FL 32836	City & State
Zip Country	Zip Country

4. FEI Number 59-3057974	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SILLIMAN, WILLIAM M 4201 VINELAND RD. #I-9 ORLANDO, FL 32811	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7642 Pointe Venezia Dr. City Orlando FL Zip Code 32836	
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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, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REICHE, ROBERT B 4201 VINELAND RD. #I-9 ORLANDO, FL 32811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7642 Pointe Venezia Dr. Orlando, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILLIMAN, WILLIAM M 4201 VINELAND RD. #I-9 ORLANDO, FL 32811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7642 Pointe Venezia DR. Orlando, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST CLARK, CHARLES L 40201 VINELAND RD. #I-9 ORLANDO, FL 32811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7642 Pointe Venezia Dr. Orlando, FL 32836
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
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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 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  **Robert B. Reiche**
Director
Date 1/7/08 (407) 345-7977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #