

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # V18310

1. Entity Name
S. P. S. OF PALM COAST, INC.



Principal Place of Business
F C AIRPORT
BUNNELL, FL 32110 US

Mailing Address
PO BOX 521
FLAGLER BCH, FL 32136 US

FILED
Sep 15, 2008 08:00 AM
Secretary of State



08302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3110317

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SAVY, BENJAMIN
18 PALM LEAF LANE
PALM COAST, FL 32137

**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 \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME NEIDHARDT, ALFRED E
STREET ADDRESS P O BOX 521 N/A
CITY-ST-ZIP FLAGLER BEACH, FL

TITLE ST
NAME NIEDHARDT, MARIANNE
STREET ADDRESS POB 521
CITY-ST-ZIP FLAGLER BCH, FL

TITLE DV
NAME NEIDHARDT, ALFRED E.
STREET ADDRESS P O BOX 521 N/A
CITY-ST-ZIP FLAGLER BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000953741
09/15/08-80004-022 550.00

**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: Alfred E Neidhardt ALFRED E. Neidhardt 9/11/08 386-437-7238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #