

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L28027

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: SCOTT NICOLETTI HOMES, INC.

## Current Principal Place of Business:

13355 SPRINGHILL DR  
SPRING HILL, FL 34609 US

## New Principal Place of Business:

3212 GULFVIEW RIVE  
HERNANDO BEACH, FL 34607 US

## Current Mailing Address:

P. O. BOX 3211  
SPRING HILL, FL 346113211 US

## New Mailing Address:

FEI Number: 65-0155223      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NICOLETTI, SCOTT PRES  
13355 SPRINGHILL DRIVE  
SPRING HILL, FL 34609 US

## Name and Address of New Registered Agent:

NICOLETTI, SCOTT PRES  
3212 GULFVIEW DRIVE  
HERNANDO BEACH, FL 34607 US

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.

SIGNATURE:

04/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPVT ( ) Delete  
Name: NICOLETTI, SCOTT  
Address: 3212 GULFVIEW DRIVE  
City-St-Zip: HERNANDO BEACH, FL 34607

Title: S ( ) Delete  
Name: NICOLETTI, CATHERINE  
Address: 3212 GULFVIEW DRIVE  
City-St-Zip: HERNANDO BEACH, FL 34607

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition  
Name: NICOLETTI, SCOTT  
Address: 3212 GULFVIEW DRIVE  
City-St-Zip: HERNANDO BEACH, FL 34607

Title: VP (X) Change ( ) Addition  
Name: NICOLETTI, CATHERINE  
Address: 3212 GULFVIEW DRIVE  
City-St-Zip: HERNANDO BEACH, FL 34607

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT NICOLETTI

P

04/09/2009

Electronic Signature of Signing Officer or Director

Date