
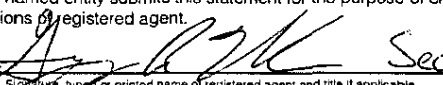
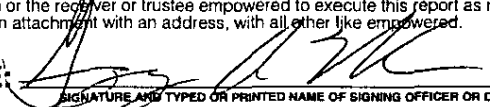


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90242 050 ***150.00

DOCUMENT # P03000135014 1. Entity Name HERITAGE HOMES OF PALM COAST, INC.					
Principal Place of Business 51 LONGVIEW WAY PALM COAST, FL 32137			Mailing Address 51 LONGVIEW WAY PALM COAST, FL 32137		
2. Principal Place of Business		3. Mailing Address P.O. Box 354022			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Palm Coast FL		4. FEI Number 20-0404785	
Zip		Zip 32135		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MARTINDELL, GEORGE J 51 LONGVIEW WAY PALM COAST, FL 32137			7. Name and Address of New Registered Agent Name Gregory A. Nelson Street Address (P.O. Box Number is Not Acceptable) 12 Princess Kim Ln City Palm Coast FL Zip Code 32164		
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  Sec. DATE 4/20/2004 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC NELSON, GREGORY A 12 PRINCES KIM LANE PALM COAST, FL 32164	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA MARTINDELL, GEORGE J 51 LONGVIEW WAY PALM COAST, FL 32137	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			Date 4/20/2004 Daytime Phone # 386-447-0518		