


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90008 018 ***150.00

DOCUMENT # P03000135014 1. Entity Name HERITAGE HOMES OF PALM COAST, INC.	
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Principal Place of Business 51 LONGVIEW WAY PALM COAST, FL 32137	Mailing Address P.O. BOX 354022 PALM COAST, FL 32135
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50023683

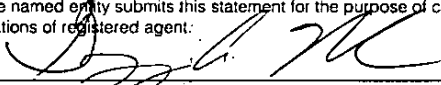


07182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0404785	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

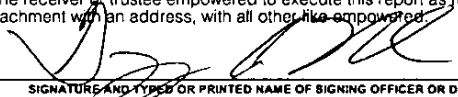
6. Name and Address of Current Registered Agent NELSON, GREGORY 12 PRINCESS KIM LN PALM COAST, FL 32164	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  <small>Signature, if not of named name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <u>7/20/2006</u>

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NELSON, GREGORY A 12 PRINCES KIM LANE PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTINDELL, GEORGE J 51 LONGVIEW WAY PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 file empowered.		
SIGNATURE: 	Date <u>7/20/2006</u>	Daytime Phone # <u>386-447-0818</u>
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		