


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 08:00 AM
Secretary of State

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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02142007 No Chg-P CR2E034 (11/05)

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent NELSON, GREGORY 12 PRINCESS KIM LN PALM COAST, FL 32164

**DO NOT WRITE
IN THIS SPACE**

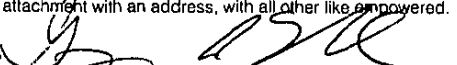
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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
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02/28/07-80081-025 150.00

**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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	2/14/07 <small>Date</small>	586-447-0818 <small>Daytime Phone #</small>