


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

03-11-2005 90298 038 ***150.00
 05-02-2005 90460 014 ***150.00

DOCUMENT # P04000071844

1. Entity Name
HOME SWEET HOME OF PALM COAST, INC.



Principal Place of Business: **119 WEBSTER LANE, PALM COAST, FL 32164**

Mailing Address: **119 WEBSTER LANE, PALM COAST, FL 32164**

2. Principal Place of Business: **6 EMERSON DR.**

3. Mailing Address: **6 EMERSON DR.**

Suite, Apt. #, etc.



04272005 Chg-P CR2E034 (10/03)

4. FEI Number: **35-0867270**

Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

AITKENS, JOYCE K
119 WEBSTER LANE
PALM COAST, FL 32164

7. Name and Address of New Registered Agent

Name: _____

Street Address (P.O. Box Number is Not Acceptable): _____

City: _____ **FL** Zip Code: _____

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]* **Treas** DATE: **4/25/05**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	AITKENS, JOYCE K	
STREET ADDRESS	119 WEBSTER LANE	
CITY-ST-ZIP	PALM COAST, FL 32164	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCIFO, JOHN M	
STREET ADDRESS	1489 PALM COAST PARKWAY	
CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V. P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HELEN SPINELLO	
STREET ADDRESS	32164 ST PUTTIN DR. PALM COAST FL	
CITY-ST-ZIP		
TITLE	SECRET.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY J. PENABROKE	
STREET ADDRESS	12 WINDY CROUCHY PL.	
CITY-ST-ZIP	PALM COAST, FL 32164	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* **Treas** DATE: **4/25/05** 386 460317

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR