


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90160 013 ***150.00

DOCUMENT # P04000071844 1. Entity Name HOME SWEET HOME OF PALM COAST, INC.	
---	---


Principal Place of Business 6 EMERSON DR PALM COAST, FL 32164	Mailing Address 6 EMERSON DR PALM COAST, FL 32164
---	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

400000



04052006 Chg-P CR2E034 (11/05)

4. FEI Number 55-0867270	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

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 checked="" type="checkbox"/> Delete
NAME	SCIFO, JOHN M	
STREET ADDRESS	1489 PALM COAST PARKWAY	
CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE	V	<input type="checkbox"/> Delete
NAME	SPINELLO, HELEN	
STREET ADDRESS	57 PUTTER DR	
CITY-ST-ZIP	PALM COAST, FL 32164	
TITLE	SR	<input type="checkbox"/> Delete
NAME	PENBRERE, MARY J	
STREET ADDRESS	12 WILLOUGHBY PL	
CITY-ST-ZIP	PALM COAST, FL 32164	
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		<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		
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 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: Joyce K. Aitkens Joyce AITKENS Pres 04/22/06 386 437-1240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #