


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90038 001 ***150.00

DOCUMENT # P04000071844

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



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

40014100



01182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AITKENS, JOYCE K 119 WEBSTER LANE PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPINELLO, HELEN 57 PUTTER DR PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR PENBRERE, MARY J Laurie A. Keane 12 WILLOUGHBY PL 10 WOODGLEN PL PALM COAST, FL 32164 PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: Joyce K. Aitkens Date: 1-17-08 Daytime Phone #: 386 793-4752
 386 437-1240