

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000071844

FILED
Apr 23, 2009
Secretary of State

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

Current Principal Place of Business:

6 EMERSON DR
PALM COAST, FL 32164

New Principal Place of Business:

Current Mailing Address:

6 EMERSON DR
PALM COAST, FL 32164

New Mailing Address:

FEI Number: 55-0867270 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AITKENS, JOYCE K
Address: 119 WEBSTER LANE
City-St-Zip: PALM COAST, FL 32164

Title: V () Delete
Name: SPINELLO, HELEN
Address: 57 PUTTER DR
City-St-Zip: PALM COAST, FL 32164

Title: SR () Delete
Name: KEANE, LAURIE A
Address: 10 WOOD GLEN PL
City-St-Zip: PALM COAST, FL 32164

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: FURER, SCOTT
Address: 119 WEBSTER LANE
City-St-Zip: PALM COAST, FL 32164

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SR () Change (X) Addition
Name: OZIMEK, BARBARA
Address: 21 BUTTERNUT LANE
City-St-Zip: PALM COAST, FL 32137

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOYCE K. AITKENS

P

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date