


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Apr 26, 2007 08:00 AM
Secretary of State**

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



04142007 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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 12 WILLOUGHBY PL 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

U00000733043
 05/03/07-80070-023 150.00

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 info empowered.

SIGNATURE: Joyce K. Aitkens PRESIDENT 4/20/07 (386) 437-1240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #