

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000150346

Entity Name: P.G.A. HOMES, INC.

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

517 SW COLLEGE PARK RD  
PORT ST. LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

517 SW COLLEGE PARK RD  
PORT ST. LUCIE, FL 34953

**New Mailing Address:**

FEI Number: 20-3772484

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KEOUGH, RICHARD T  
517 SW COLLEGE PARK RD.  
PORT ST. LUCIE, FL 34953 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  
Name: KEOUGH, RICHARD T  
Address: 517 SW COLLEGE PARK RD  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: V  
Name: KEOUGH, LISA M  
Address: 517 SW COLLEGE PARK RD  
City-St-Zip: PORT ST. LUCIE, FL 34953

I hereby 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 all other like empowered.

SIGNATURE: RICHARD KEOUGH

PRES

02/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date