

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90027 023 \*\*\*158.75

<b>DOCUMENT # P07000006438</b> 1. Entity Name SPACE COAST HOMES, INC.			
Principal Place of Business 179 NW KRASSNEL DRIVE PALM BAY, FL 32907		Mailing Address 179 NW KRASSNEL DRIVE PALM BAY, FL 32907	
2. Principal Place of Business - No P.O. Box # 179 NW KRASSNER DRIVE		3. Mailing Address 179 NW KRASSNER DRIVE	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State PALM BAY, FL		City & State PALM BAY, FL	
Zip 32907		Zip 32907	
Country 		Country 	
4. FEI Number 20-8247493		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ECHARTE, EDWARD 179 NW KRASSNEL DRIVE PALM BAY, FL 32907		7. Name and Address of New Registered Agent Name: ECHARTE EDWARD Street Address (P.O. Box Number is Not Acceptable) 179 NW KRASSNER DRIVE City: PALM BAY FL Zip Code: 32907	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME ECHARTE, EDWARD STREET ADDRESS 179 NW KRASSNEL DRIVE CITY-ST-ZIP PALM BAY, FL 32907	<input type="checkbox"/> Delete	TITLE P NAME ECHARTE EDWARD STREET ADDRESS 179 NW KRASSNER DRIVE CITY-ST-ZIP PALM BAY, FL 32907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Edward Echarte</u> EDWARD ECHARTE 2/12/2008 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

954 383 6699