

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000006438

Entity Name: SPACE COAST HOMES, INC.

FILED  
Mar 27, 2009  
Secretary of State

## Current Principal Place of Business:

179 NW KRASSNEL DRIVE  
PALM BAY, FL 32907

## New Principal Place of Business:

179 NW KRASSNER DRIVE  
PALM BAY, FL 32907

## Current Mailing Address:

179 NW KRASSNEL DRIVE  
PALM BAY, FL 32907

## New Mailing Address:

179 NW KRASSNER DRIVE  
PALM BAY, FL 32907

FEI Number: 20-8247493

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ECHARTE, EDWARD  
179 NW KRASSNEL DRIVE  
PALM BAY, FL 32907 US

## Name and Address of New Registered Agent:

ECHARTE, EDWARD  
179 NW KRASSNER DRIVE  
PALM BAY, FL 32907 US

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: EDWARD ECHARTE

03/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ECHARTE, EDWARD  
Address: 179 NW KRASSNEL DRIVE  
City-St-Zip: PALM BAY, FL 32907

Title: P (X) Delete  
Name: ECHARTE, EDWARD  
Address: 179 NW KRASSNER DRIVE  
City-St-Zip: PALM BAY, FL 32907

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ECHARTE, EDWARD  
Address: 179 NW KRASSNER DRIVE  
City-St-Zip: PALM BAY, FL 32907

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

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: EDWARD ECHARTE

P

03/27/2009

Electronic Signature of Signing Officer or Director

Date