

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000066279

Entity Name: PALM COAST COMMUNITY HOMES, INC.

FILED
Feb 07, 2005
Secretary of State

Current Principal Place of Business:

3 WATERSIDE PKWY
PALM COAST, FL 32137 US

New Principal Place of Business:

Current Mailing Address:

LOWE ENTERPRISES, INC
11777 SAN VICENTE BLVD, #900
LOS ANGELES, CA 90049 US

New Mailing Address:

FEI Number: 59-3331474 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: DC () Delete
Name: PLATT, JOHN B. III,
Address: 26 W. MICHELTORRENA ST
City-St-Zip: SANTA BARBARA, CA 93103

Title: D () Delete
Name: LOWE, ROBERT J.,
Address: 11777 SAN VICENTE BLVD, #900
City-St-Zip: LOS ANGELES, CA 90049

Title: DV () Delete
Name: POLADIAN, AVEDICK B
Address: 11777 SAN VICENTE BLVD, #900
City-St-Zip: LOS ANGELES, CA 90049

Title: S () Delete
Name: LARSEN, LEANNE
Address: 11777 SAN VICENTE BLVD, #900
City-St-Zip: LOS ANGELES, CA 90049

Title: V () Delete
Name: O'KEEFFE, PETER R
Address: 11777 SAN VICENTE BLVD STE 900
City-St-Zip: LOS ANGELES, CA 90049

Title: DVT () Delete
Name: WETHE, WILLIAM T
Address: 11777 SAN VICENTE BLVD STE 900
City-St-Zip: LOS ANGELES, CA 90049

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change () Addition
Name: PLATT, JOHN B. III,
Address: 2060 ALAMEDA PADRE SERRA
City-St-Zip: SANTA BARBARA, CA 93103

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LEANNE LARSEN

S

02/07/2005

Electronic Signature of Signing Officer or Director

Date