

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000096459

**FILED**  
**Mar 10, 2010**  
**Secretary of State**

**Entity Name:** COSTA ENTERPRISES HOMES, INC.

**Current Principal Place of Business:**

50 LEANNI WAY  
D 5  
PALM COAST, FL 32137

**New Principal Place of Business:**

25 PALM HARBOR VILLAGE WAY  
5 A  
PALM COAST, FL 32137

**Current Mailing Address:**

50 LEANNI WAY  
D 5  
PALM COAST, FL 32137

**New Mailing Address:**

PO BOX 351181  
D 5  
PALM COAST, FL 32135

**FEI Number:** 59-3543983

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COSTA, CINDY  
50 LEANNI WAY  
D 5  
PALM COAST, FL 32137 US

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

COSTA, CINDY  
25 PALM HARBOR VILLAGE WAY  
5 A  
PALM COAST, FL 32137 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: CINDY COSTA

03/10/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: COSTA, JOHN SR  
Address: 25 PALM HARBOR VILLAGE WAY SUITE 5A  
City-St-Zip: PALM COAST, FL 32137

Title: VP  
Name: GYENING, DON  
Address: 25 PALM HARBOR VILLAGE WAY SUITE 5 A  
City-St-Zip: PALM COAST, FL 32137

Title: VP  
Name: COSTA, CINDY  
Address: 25 PALM HARBOR VILLAGE WAY SUITE 5A  
City-St-Zip: PALM COAST, FL 32137

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: CINDY COSTA

VP

03/10/2010

Electronic Signature of Signing Officer or Director

Date