

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V57551

FILED
May 01, 2009
Secretary of State

Entity Name: IDEAL HOMES AT PALM COAST, INC.

Current Principal Place of Business:

21 OLD KINGS RD N
SUITE B204
PALM COAST, FL 32137 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 353639
PALM COAST, FL 321353639

New Mailing Address:

FEI Number: 59-3138667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COSTA, MANUEL
21 OLD KINGS ROAD NORTH
SUITE B204
PALM COAST, FL 32137 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COSTA, MANUEL D
Address: 2 CAITLIN COURT
City-St-Zip: PALM COAST, FL 32137 US

Title: TD () Delete
Name: COSTA, ROSA F
Address: 2 CAITLIN COURT
City-St-Zip: PALM COAST, FL 32137 US

Title: VD () Delete
Name: CAMACHO, HUGO A
Address: 33 N RIVERWALK DRIVE
City-St-Zip: PALM COAST, FL 32137

Title: SD () Delete
Name: CAMACHO, CHRISTINE C
Address: 33 N RIVERWALK DRIVE
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: ROSA F COSTA

TD

05/01/2009

Electronic Signature of Signing Officer or Director

Date