

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # 418991 1. Entity Name HALIFAX PLANTATION, INC.	
--	---

Principal Place of Business 4000 OLD DIXIE HIGHWAY ORMOND BEACH, FL 32174 US	Mailing Address 4000 OLD DIXIE HIGHWAY ORMOND BEACH, FL 32174 US
--	--



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-2018320	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
---	-----------------------------------

6. Name and Address of Current Registered Agent TUMBLESON, J.DOYLE 150 S. PALMETTO AVE. DAYTONA BEACH, FL 32014
--

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT UANINO, ANTHONY 3400 HALIFAX CLUB HOUSE DR ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODGERS, ANN 4000 OLD DIXIE HIGHWAY ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JAROSIK, THOMAS 4000 OLD DIXIE HIGHWAY ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SLOOTMAK, ADRIAN P 280 CORPORATE CENTER 7 FLORHAM PARK, NJ 07932
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VF MINK, BILL 100 CAMPUS DRIVE STE. 200 FLORHAM PARK, NJ 07932
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000382867
01/12/06 80022-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *William Hamm*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 9 2006 366-676-5600
Date Daytime Phone Ext 320