

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2007 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**



01092007 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODGERS, ANN 4000 OLD DIXIE HIGHWAY ORMOND BEACH, FL 32174
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JAROSIK, THOMAS 4000 OLD DIXIE HIGHWAY ORMOND BEACH, FL 32174
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SLOOTMAK, ADRIAN P 280 CORPORATE CENTER 7 FLORHAM PARK, NJ 07932
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VF MINK, BILL 100 CAMPUS DRIVE STE. 200 FLORHAM PARK, NJ 07932
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/25/07-80007-017 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Anthony Uanino Jan. 15, 2007

386-676-9600 x-320