2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# 418991

Entity Name: HALIFAX PLANTATION, INC.

Current Principal Place of Business:

4000 OLD DIXIE HIGHWAY
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

Current Mailing Address:

4000 OLD DIXIE HIGHWAY
ORMOND BEACH, FL 32174 US

New Mailing Address:

FEI Number: 22-2018320 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TUMBLESON, J.DOYLE
150 S. PALMETTO AVE.
DAYTONA BEACH, FL 32014 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: PDT ( ) Delete
Name: UANINO, ANTHONY
Address: 3400 HALIFAX CLUB HOUSE DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: VD ( ) Delete
Name: RODGERS, ANN
Address: 4000 OLD DIXIE HIGHWAY
City-St-Zip: ORMOND BEACH, FL 32174

Title: AS ( ) Delete
Name: JAROSIK, THOMAS
Address: 4000 OLD DIXIE HIGHWAY
City-St-Zip: ORMOND BEACH, FL 32174

Title: SD ( ) Delete
Name: SLOOTMAK, ADRIAN P
Address: 280 CORPORATE CENTER 7
City-St-Zip: FLORHAM PARK, NJ 07932

Title: VF (X) Delete
Name: MINK, BILL
Address: 100 CAMPUS DRIVE STE. 200
City-St-Zip: FLORHAM PARK, NJ 07932

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: SD (X) Change ( ) Addition
Name: SLOOTMAKER, ADRIAN P
Address: 15 MOUNTAIN VIEW ROAD P1-020
City-St-Zip: WARREN, NJ 07059

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: ANTHONY UANINO PRES 01/06/2009

Electronic Signature of Signing Officer or Director — Date