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Mar 23, 2004 8:00 am
Secretary of State
03-10-2004 90028 017 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F08466

1. Entity Name
CAH PROPERTIES, INC.

Principal Place of Business	Mailing Address
C/O CAMELOT CHATEAU 1831 SE LAKE WEIR AVE OCALA, FL 34471	PO BOX 3310 OCALA, FL 34478

D04U7399

02262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1099818
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HARRIS, CHARLES A.
C/O CAMELOT CHATEAU
1831 SE LAKE WAIR AVE
OCALA, FL 34471

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Elective Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	HARRIS, CHARLES A JR
STREET ADDRESS	1831 SE LAKE WEIR AVE
CITY-ST-ZIP	OCALA, FL 34471
TITLE	VD
NAME	HARRIS, CHARLES A III
STREET ADDRESS	1831 SE LAKE WEIR AVE
CITY-ST-ZIP	OCALA, FL 34471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: C.A. Harris C.A. Harris 18 Mar 04 (352) 237-6916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #