

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 24, 2005
Secretary of State**

DOCUMENT# N96000000926

Entity Name: THE HACIENDA, INC.

Current Principal Place of Business:

225 WAYMAN ST.
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

237 FERNWOOD BLVD.
FERN PARK, FL 32730

New Mailing Address:

FEI Number: 59-3380880 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GREGORY, LINDA
130 GARFIELD RD
ENTERPRISE, FL 32723 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

OFFICERS AND DIRECTORS:

Title: TS () Delete
Name: DRISKELL, DEBBIE
Address: 237 FERNWOOD BLVD
City-St-Zip: FERN PARK, FL 32730

Title: D () Delete
Name: ELLIOT, JOHN
Address: 1213 SWAN STREET
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: CONKLIN, ELIZABETH
Address: 1621 BOYER ST
City-St-Zip: LONGWOOD, FL 32750

Title: D () Delete
Name: STEVENS, PAULEE
Address: 156 WILLIAMS RD
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: GREGORY, LINDA
Address: 130 GARFIELD RD
City-St-Zip: ENTERPRISE, FL 32725

Title: PD () Delete
Name: PEREIRA, ADOLFO
Address: 113 ELDERBERRY LANE
City-St-Zip: LONGWOOD, FL 32779

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
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City-St-Zip:

Title: () Change () Addition
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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 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DRISKELL, DEBBIE

TS

01/24/2005

Electronic Signature of Signing Officer or Director

_____ Date