

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 418991

Entity Name: HALIFAX PLANTATION, INC.**Current Principal Place of Business:**3500 MERRITT DRIVE
ORMOND BEACH, FL 32174**Current Mailing Address:**3500 MERRITT DRIVE
ORMOND BEACH, FL 32174 US**FEI Number:** 22-2018320**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KOBORG, MARYELLEN ESQ.
150 S. PALMETTO AVE.
DAYTONA BEACH, FL 32014 US*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:** MARYELLEN KOBORG ESQ

03/27/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name UANINO, ANTHONY
Address 3500 MERRITT DRIVE
City-State-Zip: ORMOND BEACH FL 32174

Title ASST. SECRETARY
Name TRANGONE, CATHLEEN J
Address 15 MOUNTAIN VIEW ROAD
City-State-Zip: WARREN NJ 07059

Title TREASURER
Name BODENRADER, PEGGY
Address 3500 MERRITT DRIVE
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR
Name MONTGOMERY, GLENN A
Address 15 MOUNTAIN VIEW ROAD
City-State-Zip: WARREN NJ 07059

Title PRESIDENT, DIRECTOR
Name NEEDHAM, JONATHAN
Address 3500 MERRITT DRIVE
City-State-Zip: ORMOND BEACH FL 32174

Title SECRETARY
Name GRAHAM, ANDREA
Address 3500 MERRITT DRIVE
City-State-Zip: ORMOND BEACH FL 32174

I hereby 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 all other like empowered.

SIGNATURE: ANTHONY UANINO**DIRECTOR**

03/27/2014

Electronic Signature of Signing Officer/Director Detail

Date