## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 03, 2004 08:00 AM Secretary of State

DOCUMENT # 408548  1. Entity Name HAWTHORNE HILLS OF DELAND, INC.					Secret	ary or State	
Principal Place 1275 S GAR DELAND, FL		Mailing Address 1275 S GARFIELD AVE DELAND, FL 32724 US			rn <b>err</b> ol i <b>rr</b> al birg bless lål	I Birni Elbir Bitil Birli Arbil Andl Eldiczel il leci	
YOUNG,			CE	05212004 4. FEI Numb 59-14: 5. Certificate	No Chg-P per 37791 a of Status Desired	CR2E034 (10/03)  Applied For Not Applicable  \$8.75 Additional Fee Required	
3125 NE 42 COURT FORT LAUDERDALE, FL 33308			DO NOT WRITE IN THIS SPACE				
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 remaining)  DATE							
FILE NOWII FEE IS \$150.00  Due by September 8, 2004  9. Election Campaign Final Trust Fund Contribution.			ncing \$!	5.00 May Be ided to Fees	.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10.  IITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	OFFICERS AND DIE PT GUERIN, MICHAEL 837 YALE DELAND, FL 32721 V/S YOUNG, JANE 3125 N.E. 42ND CT. FT.LAUDERDALE, FL		notion stated in S	IN T	06/03/0 NOT W THIS SP	ACE	
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 it 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.							

Mal Code Mille GUEFIN 05/31/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BOYSTON PROMISE OF SIGNING OFFICER OR DIRECTOR