2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 516193

1. Entity Name
KANAPAHA MEADOWS, INC.

Principal Place of Business	Mailing Address
5517 SW 69 TERRACE GAINESVILLE, FL 32608 US	5517 SW 69 TERRACE GAINESVILLE, FL 32608 US

01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1716344
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER, DAVID M
5517 SW 69 TERR
GAINESVILLE, FL 32608

DO NOT WRITE IN THIS SPACE

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 N/A DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	BRICE, CARLA
STREET ADDRESS	5517 SW 69 TERRACE
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	PD
NAME	MILLER, DAVID M.
STREET ADDRESS	5517 SW 69 TERRACE
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	DST
NAME	COX, ALISON
STREET ADDRESS	5517 SW 69 TERRACE
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	D
NAME	FERENCE, STEPHANIE A
STREET ADDRESS	5517 SW 69 TERRACE
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	V
NAME	MACKAY, ROBERT
STREET ADDRESS	5517 SW 69 TERR
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/23/04-80016-019 150.00

DO NOT WRITE IN THIS SPACE

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: David M Miller President 1/7/04 (352)372-7736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

David M Miller