2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 26, 2005 8:00 am Secretary of State **DOCUMENT # 645220** 1. Entity Name 01-26-2005 90001 033 ***150.00 GARDEN COURT APARTMENTS, INC. Principal Place of Business Mailing Address 301 13211 St 1304 CHARLIE GRIFFIN ROAD 501 BELL ST HILLSBERO FL 33563 HILLSBERO FL 33566 Plant City FL 3. Mailing Address 2. Principal Place of Business Rall CR2E034 (10/04) 2/ant 4. FEI Number Applied For City & State 59-1954652 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Hillsbord Hills borz Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARCHNER, MICHAEL R. Street Address (P.O. Box Number is Not Acceptable) 1304 CHARLIE GRIFFIN RD. PLANT CITY FL 33567 Zip Code 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 (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Change Addition TITLE D ☐ Delete TITLE MARTIN, MARGARET M. NAME NAME STREET ADDRESS STREET ADDRESS 1304 CHARLIE GRIFFIN RD PLANT CITY, FL 00000 CITY-ST-7IP CITY-ST-ZIP VD ☐ Change ☐ Addition TITLE Delete TITLE MARCHNER, MARY C NAME NAME STREET ADDRESS STREET ADDRESS 1304 CHARLIE GRIFFIN RD PLANT CITY, FL 00000 CITY-ST-ZIP City-St-7IP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME MARCHNER, MICHAEL R NAME STREET ADDRESS STREET ADDRESS 1304 CHARLIE GRIFFIN RD CITY-ST-ZIP CITY-ST-ZIP PLANT CITY, FL 00000 ☐ Change ☐ Addition DITE ☐ Delete TITLE MARCHNER, THOMAS J NAME 1304 CHARLIE GRIFFIN RD STREET ADDRESS STREET ADDRESS PLANT CITY, FL 00000 CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

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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.