

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90470 024 \*\*\*150.00

**DOCUMENT # 663059**

1. Entity Name

HAILE PLANTATION CORPORATION



Principal Place of Business

5201 SW 91 DR  
STE A  
GAINESVILLE FL 32608-7124  
US

Mailing Address

5201 SW 91 DR  
STE A  
GAINESVILLE FL 32608-7124  
US



2. Principal Place of Business

5300 SW 91st Terr  
Suite, Apt. #, etc.

3. Mailing Address

5300 SW 91st Terr  
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

Gainesville FL

City & State

Gainesville FL

4. FEI Number

59-1964723

Applied For

Not Applicable

Zip

32608

Country

USA

Zip

32608

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KRAMER, ROBERT  
5201 SW 91 DR  
STE A  
GAINESVILLE FL 32608

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5300 SW 91st Terr

City

Gainesville

FL

Zip Code

32608

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE S ☐ Delete  
NAME KASKEL, MATTHEW  
STREET ADDRESS 10295 SW 248 STREET  
CITY-ST-ZIP HOMESTEAD FL 33032

TITLE P ☐ Delete  
NAME KRAMER, ROBERT  
STREET ADDRESS 5201 SW 91 DR STE A  
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE V ☒ Delete  
NAME DOLSAK, CHARLES W  
STREET ADDRESS 5201 SW 91 DR STE A  
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE VP ☐ Delete  
NAME COOPER, CLEVE  
STREET ADDRESS 5201 SW 91 DR STE A  
CITY-ST-ZIP GAINESVILLE FL 32608-7124

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 5300 SW 91st Terr  
CITY-ST-ZIP Gainesville FL 32608

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 5300 SW 91st Terr  
CITY-ST-ZIP Gainesville FL 32608

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-335-7842

4-28-05

Robert Kramer