2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 12, 2005 8:00 am Secretary of State 04-12-2005 90146 031 ***150.00 DOCUMENT # F03000003306 HARBORCHASE OF TALLAHASSEE, INC. 44443374 Principal Place of Business Mailing Address 1701 HIGHWAY A1A, STE. 304 1701 HIGHWAY A1A, STE, 304 VERO BEACH, FL 32963 VERO BEACH, FL 32963 2. Principal Place of Business 1440 Highway 1440 Highway Suite, Apt. #, etc-Suite, Apt. #, et CR2E034 (10/03) 01112005 Cha-P City & State 4. FEI Number Applied For Vero Beach 02-0697-161 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 32963 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent F&L CORP Street Address (P.O. Box Number is Not Acceptable) ONE INDEPENDENT DRIVE **SUITE 1300** JACKSONVILLE, FL 32202 City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9.-Election Campaign Financing TILE'NOW!!! FEE'IS'\$150.00' \$5:00 May Be Trust Fund Contribution After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DCP TITLE Delete TITLE Change ☐ Addition SMICK, TIMOTHY S NAME NAME 1440 Highway A14 Vero Beach, FC 32963 STREET ADDRESS 1701 HIGHWAY A1A, STE. 304 STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32963 CITY-ST-ZIP DVS TITLE Delete TITLE Change ■ Addition SIMMONS, DANIEL L NAME NAME 1440 Highway A14 Vero Beach, FL 32963 STREET ADDRESS 1701 HIGHWAY A1A, STE. 304 STREET ADDRESS VERO BEACH, FL 32963 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE À Change Delete ☐ Addition NAME AILLS, ZACHARY NAME 1440 Highway ALA Vero Beach, FC 32963 1701 HIGHWAY A1A, STE, 304 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32963 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS 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 10 or Block 11 if changed; or on an attachment with an address, with all other like empowered.

FILED

Daytime Phone #