

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # L46808 1. Entity Name CONSERVATION PROPERTIES, INCORPORATED	
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Principal Place of Business 2507 CALLAWAY RD 101 TALLAHASSEE, FL 32303 US	Mailing Address 2507 CALLAWAY RD 101 TALLAHASSEE, FL 32303 US
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03162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3126836	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**MACFARLAND, JAMES W.
2507 CALLOWAY RD, #101
TALLAHASSEE, FL 32303**

**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 _____

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, 2004 Fee will be \$550.00**

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

U000000090180
03/17/04-800008-005 150.00

10. OFFICERS AND DIRECTORS

TITLE DPS	NAME MACFARLAND, JAMES W.
STREET ADDRESS 2507 CALLOWAY RD 101	
CITY - ST - ZIP TALLAHASSEE, FL 32303	

TITLE T	NAME MACFARLAND, JAMES W.
STREET ADDRESS 2507 CALLOWAY RD 101	
CITY - ST - ZIP TALLAHASSEE, FL 32303	

TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	

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STREET ADDRESS	
CITY - ST - ZIP	

TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	

**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)(b), 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 or without other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/04 386-5263