2004 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT DOCUMENT # L91341 1. Entity Name STEEPLECHASE PROPERTIES, INC.

Principal Place of Business

% DEBORAH R. GARVIN 4135 N.W. 65TH TERRACE GAINESVILLE, FL 32606 Mailing Address

% DEBORAH R. GARVIN 4135 N.W. 65TH TERRACE GAINESVILLE, FL 32606

FILED Feb 09, 2004 08:00 AM Secretary of State



01292004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3022090

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Davtime Phone #

6. Name and Address of Current Registered Agent

GARVIN, DEBORAH R. 4135 N.W. 65TH TERRACE GAINESVILLE, FL 32606

SIGNATURE:

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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 little if applicable. (NOTE, Rogistered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Camp Trust Fund Cor		\$5.00 May Be Added to Fees	
10. TITLE	OFFICERS AND DIRECT	CTORS		·	
NAME STREET ADDRESS CITY-ST-ZIP	GARVIN, DEBORAH R. 4135 N.W. 65TH TERRACE GAINESVILLE, FL				11000000010001
TITLE NAME STREET ADDRESS CITY-ST-ZIP					100000042864 02/10/04-80041-023 150.00
TRTLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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.					

OCH PRINTED NAME OF SIGNING OFFICER OR DIRECTOR