

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008369

FILED
Apr 26, 2006
Secretary of State

Entity Name: HILLSBOROUGH COUNTY FIREFIGHTERS #2294 REAL ESTATE HOLDINGS, INC.

Current Principal Place of Business:

104 W COUNTRY CLUB DR
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

104 W COUNTRY CLUB DR
TAMPA, FL 33612

New Mailing Address:

FEI Number: 03-0390529

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SQUIRES, CLETUS D III
104 W COUNTRY CLUB DR
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RYAN, DERRIK
Address: 4512 W NORTH STREET
City-St-Zip: TAMPA, FL 33614

Title: D () Delete
Name: SUCARICHI, GEORGE
Address: 1219 OXBRIDGE DR
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: MCDONALD, TRACY
Address: 1503 LONG POND DR
City-St-Zip: VALRICO, FL 33594

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HALLMAN, KELLY
Address: 13510 GREEN TREE DRIVE
City-St-Zip: TAMPA, FL 33613

Title: T () Change (X) Addition
Name: SQUIRES, CLETUS D III
Address: 104 WEST COUNTRY CLUB DRIVE
City-St-Zip: TAMPA, FL 33612

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLETUS SQUIRES III

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04/26/2006

Electronic Signature of Signing Officer or Director

Date