2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 08, 2008 8:00 am Secretary of State

DOCUMENT # N51140 1. Entity Name HISTORIC HAILE HOMESTEAD, INC.							02-08-2008 90029 007 ****61.25					
Principal Place of Business 8500 SW ARCHER ROAD GAINESVILLE, FL 32608 US				Mailing Address 5341 SW 91ST TERRACE SUITE A GAINESVILLE, FL 32608 US				1 (21 0) 00 00 010 010				### 8 # 1 # 01
2. Principal Place of Business - No P.O. Box #			3. Mailing Address 4941 SW 91 ST TERRACE									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				02012008 _{Cl}	ng-NP	CR2E037	(12/06)	
City & State			City & State GAINES VILLE FL			4. FEI Number 59-3390868			_ 	oplied For at Applicable		
Zip		Country		2608	COL AL	intry A-C H い	A	5. Certificate of St	atus Desired		8.75 Add ee Require	
		and Address of Current	Registere	d Agent				7. Name and Add	ress of New Rec	pistered A	gent	
MAN KIRK WAY	KADEN					Name	VIB.	KMAN	1/14.	REN		
5277 SW 9						Street A	Address (P.O. Box Number is I	ot Acceptable)	~		
GAINESVI		2608							******			
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						City 6	AIN	ESVILLE	-	FL	320	208
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 .	C C	June		··· · · · · · · · · · · · · · · · · ·		, KI		AN		2/1/0	<u>.8</u> .	
	Signature, types	or printed name of registered agent	end title if app	Icable (NOT	E: Registere	d Agent signa	ture required	when reinstating)		DATE		
	Filing Fe	e is \$61.25 lay 1, 2008		9. Election Car Trust Fund (npaign F	inancing		\$5.00 May Be Added to Fees			payable to nent of St	
10.	Filing Fe Due by M	e is \$61.25		9. Election Car	npaign F	inancing		\$5.00 May Be	Florid	a Departr	nent of St	tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SI	CI	JΔ	T	IP	E :
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21,108 352-392-3941

Daytime Phone if