

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000073108						
1. Entity Name CATALINA PROPERTIES, INC.						
Principal Place of Business 4110 S. FLORIDA AVE. SUITE 200 LAKELAND, FL 33813	Mailing Address 4110 S. FLORIDA AVE. SUITE 200 LAKELAND, FL 33813	 01082004 No Chg-P CR2E034 (10/03) <table border="1" style="width:100%"><tr><td>4. FEI Number 58-2581066</td><td>Applied For ☒ Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 58-2581066	Applied For ☒ Not Applicable	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required						
DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent ADAMS, D. JOEL 4110 SOUTH FLORIDA AVE SUITE 200 LAKELAND, FL 33813		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 terminating) 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				
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, D. JOEL 4110 S FLORIDA AVENUE SUITE 200 LAKELAND, FL 33813					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALSH, BRAIN P 4110 S FLORIDA AVE SUITE 200 LAKELAND, FL 33813					
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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 all other like empowered.						
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____						