

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 APR 14 AM 8:47

DOCUMENT # P01000094644

1. Entity Name  
LAFAYETTE HILLS, INC.



Principal Place of Business  
3550 MAHAN DRIVE  
TALLAHASSEE, FL 32308

Mailing Address  
POST OFFICE BOX 120  
HOSFORD, FL 32334



01232004 No Chg-P CR2E034 (10/03)

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4. FEI Number  
59-3752677

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HOSFORD, TIFFANY M  
3550 MAHAN DRIVE  
TALLAHASSEE, FL 32308

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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 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

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	HOSFORD, TIFFANY M
STREET ADDRESS	POST OFFICE BOX 120
CITY-ST-ZIP	HOSFORD, FL 32334
TITLE	VT
NAME	CALDWELL, KATHERINE M
STREET ADDRESS	POST OFFICE BOX 120
CITY-ST-ZIP	HOSFORD, FL 32334
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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.

SIGNATURE:

*Tiffany M Hosford* Tiffany M Hosford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/04

Date

(850)656-6211

Daytime Phone #

*h*