2	2005 FOR PROFIT	CORPORATIO REPORT	N				
DOCUMENT # P01000094644 1. Entity Name				OS APR 21 PM 3: 59 SECHETARY OF STATE TALLAHASSEE. FLORIDA			
LAFAYETTE HILLS, INC.							
3550 MAHA	rincipal Place of Business Mailing Address 550 MAHAN DRIVE POST OFFICE BOX 120 ALLAHASSEE, FL 32308 HOSFORD, FL 32334						
			· · · · · · · · · · · · · · · · · · ·				
C	O NOT WRITE	CE	04212005 4. FEI Numb 59-375	2677		034 (10/03) /// K/ Applied For Not Applicable \$8.75 Additional	
·	6. Name and Address of Current Re	gistered Agent		5. Certificate	of Status Desired	×1	Fee Required
HOSFORD, TIFFANY M 3550 MAHAN DRIVE TALLAHASSEE, FL 32308			DO NOT WRITE IN THIS SPACE				
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							
FILE NOWILI FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.				.00 May Be ed to Fees		DATE	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI PS HOSFORD, TIFFANY M POST OFFICE BOX 120 HOSFORD, FL 32334	RECTORS					,
TITLE NAME STREET ADDRESS CFTY-ST-ZIP	VT CALDWELL, KATHERINE M POST OFFICE BOX 120 HOSFORD, FL 32334	000054006350 05/06/0501050021 **158.75					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					NOT W		_
TITLE NAME STREET ADDRESS GITY-ST-ZIP				IN [·]	THIS SI	PAC	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TTTLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby of indicated of the cor changed,	certify that the information supplied with th on this report or supplemental report is tr poration or the receiver or trustee empow , or on an attachment with an address, wit	is filing does not qualify for the exer e and accurate and that my signat bred to execute this report as requir n all other like empowered.	nption stated in Se ure shall have the s 'ed by Chapter 607	ction 119.07(3) same legal effect , Florida Statute	(i), Florida Statutes. t as if made under as; and that my name	I further co oath; that I e appears	ertify that the information am an officer or director in Block 10 or Block 11 if
SIGNATURE: MALAN HE GATAL HE GATAL HE CON HERE AND THE						056-6211	