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Feb 28, 2005 8:00 am
Secretary of State

01-28-2005 90040 023 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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| DOCUMENT # P01000107597 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Entity Name SPRING HAMMOCK PARK, INC. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business PO BOX 520247 LONGWOOD, FL 32752 | Mailing Address PO BOX 520247 LONGWOOD, FL 32752 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DO NOT WRITE IN THIS SPACE | | 66002937 (P 0 1 0 0 0 1 0 7 5 9 7 P) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 01192005 No Chg-P CR2E034 (10/03) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 4. FEI Number 56-3754727 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Applied For Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent BOWLES, HARRISON R 1205 ROXBORO ROAD LONGWOOD, FL 32750 | | 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  DATE 1/27/05 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><tr><td>TITLE</td><td>VP</td></tr><tr><td>NAME</td><td>STERLING, ROBERT III</td></tr><tr><td>STREET ADDRESS</td><td>114 SPRING VALLEY LOOP</td></tr><tr><td>CITY - ST - ZIP</td><td>ALTAMONTE SPRINGS, FL 32714</td></tr><tr><td>TITLE</td><td>V</td></tr><tr><td>NAME</td><td>BOWLES, HARRISON R</td></tr><tr><td>STREET ADDRESS</td><td>1205 ROXBORO ROAD</td></tr><tr><td>CITY - ST - ZIP</td><td>LONGWOOD, FL 32750</td></tr><tr><td>TITLE</td><td>P</td></tr><tr><td>NAME</td><td>STONER, MICHAEL</td></tr><tr><td>STREET ADDRESS</td><td>1855 EAST ADAMS DRIVE</td></tr><tr><td>CITY - ST - ZIP</td><td>MAITLAND, FL 32751</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr></table> | | | TITLE | VP | NAME | STERLING, ROBERT III | STREET ADDRESS | 114 SPRING VALLEY LOOP | CITY - ST - ZIP | ALTAMONTE SPRINGS, FL 32714 | TITLE | V | NAME | BOWLES, HARRISON R | STREET ADDRESS | 1205 ROXBORO ROAD | CITY - ST - ZIP | LONGWOOD, FL 32750 | TITLE | P | NAME | STONER, MICHAEL | STREET ADDRESS | 1855 EAST ADAMS DRIVE | CITY - ST - ZIP | MAITLAND, FL 32751 | TITLE | | NAME | | STREET ADDRESS | | CITY - ST - ZIP | | TITLE | | NAME | | STREET ADDRESS | | CITY - ST - ZIP | |
| TITLE | VP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | STERLING, ROBERT III | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 114 SPRING VALLEY LOOP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | ALTAMONTE SPRINGS, FL 32714 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | V | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | BOWLES, HARRISON R | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 1205 ROXBORO ROAD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | LONGWOOD, FL 32750 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | P | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | STONER, MICHAEL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 1855 EAST ADAMS DRIVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | MAITLAND, FL 32751 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DO NOT WRITE IN THIS SPACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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  DATE 1/27/05 407 260 2214 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> H. RICHARD BOWLES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |