

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jun 14, 2004 08:00 AM

Secretary of State

DOCUMENT # P02000014291

1. Entity Name
HALF MOON BAY OF LHP, INC.



Principal Place of Business
4190 N. FEDERAL HWY.
LIGHTHOUSE POINT, FL 33064

Mailing Address
4190 N. FEDERAL HWY.
LIGHTHOUSE POINT, FL 33064



06102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

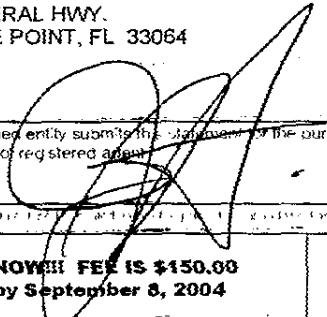
4. FCI Number
75-3033220

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

6. Name and Address of Current Registered Agent
HORN, JAMES
4190 N. FEDERAL HWY.
LIGHTHOUSE POINT, FL 33064

**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  5/04

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

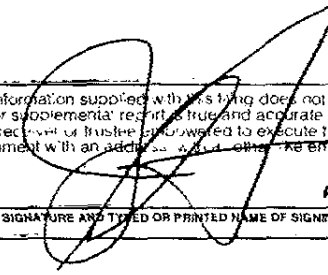
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	D HORN, JAMES 2521 NE 43RD ST. LIGHTHOUSE POINT, FL 33064
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06/14/04-80003-005 150.00

**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)(c), 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 this corporation or the receiver or trustee authorized 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 which shall be endorsed.

SIGNATURE:  JAMES HORN 5/04 954-785-9499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR