

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90180 015 ***150.00

DOCUMENT # P02000073887

1. Entity Name
SABAL PROPERTIES INC.



Principal Place of Business
**1665 KINGSLEY AVE STE 100
ORANGE PARK, FL 32073**

Mailing Address
**1665 KINGSLEY AVE STE 100
ORANGE PARK, FL 32073**

70047986



DO NOT WRITE IN THIS SPACE

01102005 No Chg-P CR2E034 (10/03)

4. FEI Number
41-2047654

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HARPER, GARY O
1665 KINGSLEY AVE STE 100
ORANGE PARK, FL 32073**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HENRY, HELEN M
STREET ADDRESS	1665 KINGSLEY AVE STE 100
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	D
NAME	HARPER, RITA S
STREET ADDRESS	1665 KINGSLEY AVE STE 100
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	V
NAME	ADAMS, LUTISHA H
STREET ADDRESS	1665 KINGSLEY AVE., SUITE 100
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/05