2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

IGNATUME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 30, 2006 8:00 am Secretary of State DOCUMENT # P03000973539 03-30-2006 90036 009 ***150.00 STEINHATCHEE COTTAGES, INC. --Principal Place of Business Mailing Address 365 SW ANGELA TERRACE LAKE CITY FL 32024 365 SW ANGELA TERRACE LAKE CITY FL 32024 3. Mailing Address 2. Principal Place of Business 2275 W Minace LN Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For LECANTO FI 34461 03-0522461 Not Applicable Country CITRUS Zio Country 34461 \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROMANELLO, DUANE C Street Address (P.O. Box Number is Not Acceptable) 1919-8 BLANDING BLVD. JACKSONVILLE FL FL 2275 W MIDDLE LN LECAUTO 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. B CARTER SIGNATURE. ed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE PD ☐ Delete TITLE Bickers, Mike BICKERS, MIKE NAME NAME 365 SOU ANGREA TERR STREET ADDRESS STREET ADDRESS 365 SW ANGELA TERR po Boy 2 CITY-ST-ZIP LAKE CITY FL 32024 CITY-ST-ZIP Crestulew F1 32536 TITLE VD Defete TITLE ☐ Change ☐ Addition NAME SMITH, BOBBY T STREET ADDRESS STREET ADDRESS 365 SW ANGELA TERR CITY-ST-ZIP LAKE CITY FL 32024 CITY-ST-7IP ☐ Detete TITLE Addition TITLE D KROGER, CHESTER 2001 EMBRALD COAST PKWY NAME KROGER, CHESTER MAMI STREET ADDRESS STREET ADDRESS 365 SW ANGELA TERR DESTIN FI 32541 CITY-ST-ZIP CITY-ST-7IP LAKE CITY FL 32024 TITLE D Oelete Change Addition SMITH BRET A SMITH, BRET A 4713 SE CR 21B STREET ADDRESS 365 SW ANGELA TERR STREET ADDRESS CITY-ST-ZIP KeySTONE HEIGHTS FI 32656 LAKE CITY FL 32024 CITY-ST-ZIP Addition ☐ Delete THILE TITLE WILLIAM B CARTER NAME NAME 2275 W M. ARCE LIV STREET ADDRESS STREET ADDRESS 3446 1 LECANTO CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete THE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

FILED