2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # P06000060269

1. Entity Name
HP/STILES LAND PARTNERS, INC

Principal Place of Business	Mailing Address
6675 CORPORATE CENTER PKWY - STE 100 JACKSONVILLE, FL 32216	6675 CORPORATE CENTER PKWY - STE 100 JACKSONVILLE, FL 32216

DO NOT WRITE IN THIS SPACE

03122008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-4767697

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HALLMARK PARTNERS, INC.
6675 CORPORATE CENTER PKWY
STE 100
JACKSONVILLE, FL 32216

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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, 2008 Fee will be $550.00

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

000000866029
04/08/08-80012-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	COLEY, ALEX W
STREET ADDRESS	6675 CORP CEUTER PKWY STE 100
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	VP
NAME	STILES, TERRY
STREET ADDRESS	300 SE SECOND ST
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	S
NAME	CONN, JEFFERY A
STREET ADDRESS	6675 CORP CENTER PKWY STE 100
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

SIGNATURE: _____ 3/17/08 904/363-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #