## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000134859

Entity Name: HAILE ON THE PLAZA INC.

HOLCOMBE, CHARISE LEE

GAINESVILLE, FL 32608

9702 SW 67 DR.

Name:

Address:

City-St-Zip:

FILED Apr 23, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 10818 NW 18TH CT. GAINESVILLE, FL 32606 **Current Mailing Address: New Mailing Address:** 10818 NW 18TH CT GAINESVILLE, FL 32606 FEI Number: 26-1709071 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: A1A REGISTERED AGENT, INC. 5647 110TH AVE. NORTH ROYAL PALM BEACH, FL 334110000 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition CARTY, CRAIG E. Name: Name: 10818 NW 18TH CT. Address: Address: GAINESVILLE, FL 32606 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition WOLTERS, JOE D. Name: Name: 9702 SW 67 DR. Address: Address: GAINESVILLE, FL 32608 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition CHARLES, DEBRA M. Name: Name: 10818 NW 18TH CT. Address: Address: City-St-Zip: GAINESVILLE, FL 32606 City-St-Zip: Title: ( ) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: DEBRA M. CHARLES T 04/23/2009